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ABSTRACT

The curriculum presented in this training guide is seen as the foundation upon which the child welfare system can build collaboration in foster care. The first training module focuses on the significance of the parent-child relationship and the impact of separation on this relationship. It presents a general framework for understanding dysfunctional family patterns and intervention techniques. The second module concentrates on the balance between the personal and professional roles of foster families, the therapeutic skills of foster families, and the need to include foster families in the treatment team. The third and fourth modules concern the training and supervision of foster families. The last module emphasizes the importance of the preplacement and termination stages within the framework of permanency planning. Each presentation begins with a rationale explaining why the training was developed. The purpose for each training module is then described along with specific behavioral objectives and anticipated behavioral changes. The session outline next provides time frames and an explanation of the process of the training session. Materials for training, such as sample lectures, experiential exercises, and handouts for participants, appear at the end of each module. Most of the modules suggest alternative strategies for training. (RH)

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Towards Collaboration in Foster Care: A Training Guide

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CONTINUING EDUCATION PROGRAM
SCHOOL OF SOCIAL WELFARE
STATE UNIVERSITY OF NEW YORK AT ALBANY

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Towards Collaboration in Foster Care:
A Training Guide

Mary Ellen Deighan
1980

SOCIAL SERVICES TRAINING UNIT
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CONTINUING EDUCATION PROGRAM

The Continuing Education Program, School of Social Welfare, State University of New York at Albany, offers instructional programs for staff of state and local departments of social services, selected voluntary agencies, and other human service professionals. The target area for most programs is a 28-county region in northeastern New York; however, many programs are also conducted statewide.

Training programs are conducted by the following units: Income Maintenance/Medical Assistance, Social Services, and Management and Staff Development. An integral part of the program is the development of instructional materials for use in program training activities and for staff development in local districts.

Program administrators and staff work in conjunction with training and program staff from the New York State Department of Social Services and the local districts. Instructional materials, such as this publication, represent a product of this joint effort.

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PREFACE

This training guide has been developed in response to needs expressed by foster care workers. Its purpose is to address basic needs in foster care training. By basic, we do not mean simple or necessarily common issues. Basic, in this sense, means fundamental, vital, and essential. Thus, the curriculum presented in this guide is seen as the foundation upon which the child welfare system can build collaboration in foster care.

There are serious problems in the foster care system as it now functions. Whether professionals are truly aware of the impact of foster care placement has been vigorously questioned. The child welfare system has been increasingly criticized for its failure to implement permanency planning for the hundreds of thousands of children in care nationwide. Permanency planning requires child welfare staff (caseworkers, supervisors, administrators, and foster parents) who are knowledgeable and skilled in planning for children and their families from preplacement issues through after-care services.

To meet this need, Towards Collaboration in Foster Care addresses such fundamental themes as loss and separation, treatment of cyclical family dysfunction, and clarity regarding roles and expectations. Certainly the most essential need in foster care is collaboration and it is the most essential theme of this guide. It is only through working together that child welfare staff and families can provide optimal plans and services for children.

This guide includes five training modules. The first module, "Understanding Natural Families," focuses on the significance of the parent-child relationship and the impact of separation on this relationship. It presents a general framework for understanding dysfunctional family patterns and intervention techniques. The second module, "Understanding Foster Families," concentrates on the delicate balance between the personal and professional roles of foster families, the therapeutic skills of foster families, and the need to include foster families in the treatment team.

The third and fourth modules, "Training Foster Families" and "Supervision of Foster Families," might not, at first glance, seem relevant to a basic foster care training manual. However, if foster families are expected to provide nurturance and treatment to foster children, then, it naturally follows that these foster families need a great deal of expertise. Training and supervision of foster families are the two major methods we can use to strengthen and enhance their (and our) knowledge, skills, and attitudes.

The last module "Integration of Child/Family into the Foster Care System," emphasizes the crucial importance of the preplacement and termination stages within the framework of permanency planning. The separation/loss issues encountered at the beginning and end of placement have strong implications for the successful treatment of children and their families.

Obviously, this guide is written for foster care trainers. It could also be used, however, as reading material for foster care staff who are working directly with children and families.

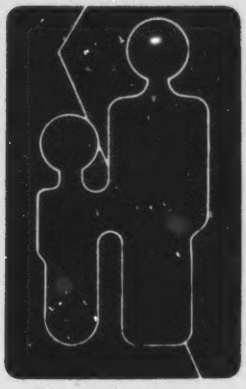
Each module follows the same basic format. The presentation begins with the rationale explaining why the training was developed. Then the purpose for each training module is presented along with specific behavioral objectives and anticipated behavioral changes. The session outline follows, with time frames and an explanation of the process of the training session. Materials for training, such as sample lecturettes, experiential exercises, and handouts for participants, appear at the end of each module. Most of the modules include suggested alternative strategies for training. These ideas are meant to be used as a springboard for creative training and curriculum development.

All of the material in this guide can be utilized without change or adapted at the trainer's discretion. Some of the material, such as case studies, may resemble many children and familes in the child welfare system. Naturally, the case studies were deliberately designed to resemble real situations. They are entirely fictitious, however, and any detailed resemblance to an actual child or family is coincidental. At times it may be helpful for trainers to create their own case studies.

As a training guide, this manual is based on an adult learning or experiential learning philosophy. The training encourages participant interaction in order that participants reflect upon their mutual experiences. Thus, they will be able to stimulate each other's imagination and creativity. Adult learning is based on the assumption that people learn best when they are personally involved in the learning experience. Information must impact on participants in an experiential or emotional way in order to create behavioral or attitudinal changes. To achieve this, a safe, non-threatening atmosphere is imperative.

Today's child welfare professionals must address the issue of collaboration in order to achieve permanence for children. Ultimately, it is this spirit of collaboration that will help us develop a better child welfare system.

Understanding Natural Families



UNDERSTANDING NATURAL FAMILIES

Rationale

During the 1978-79 contract year, the Child and Family Services Training Unit established role-specific training for New York State Department of Social Services foster care workers. In the fall of 1978, a questionnaire was sent to foster care units within the county departments of social service requesting specific information regarding foster care. One consistent response was the need for training in permanency planning, dysfunctional families, and the treatment of natural families as well as children in foster care.

One of the most important aspects of permanency planning and the treatment of natural families and children, is a basic understanding of the significance of the parent-child relationship. Awareness of the importance of this relationship, originating in our personal experience and expanded by empathy for the children and families we serve, is essential in the field of foster care. It is of paramount importance that foster care workers be sensitive to the human elements involved in foster care. Not only is there a need to understand the feelings and reactions of children who are placed in foster care, but also there is a need to understand the parents' feelings about placing their children. Further, foster care workers must have cognitive knowledge concerning the causes of family dysfunction. All of these elements are necessary to make a thorough assessment of a family situation so that a foster care worker can know how best to treat each particular family situation.

Purpose

Thus, the purpose of this module is three-fold.

1. To help foster care workers recognize the significance of the parent-child relationship, both in their own families and in the families they serve

2. To help the foster care workers clarify some common dynamics of dysfunctional families

3. With a thorough understanding of the dynamics involved, to help foster care workers select appropriate treatment techniques

Of course, understanding natural families is not the only area of concern in foster care. There are a number of generic casework issues that are basic to foster care, such as loss and separation issues. There are also role-specific areas, such as training and

supervision of foster families, preplacement issues, and termination issues that are also covered in this curriculum. This module is intended for use in series with the other modules, though it could be used separately.

Behavioral Objectives

After participating in this training session, foster care workers will be able to

- recognize the importance of the parent-child relationship
- identify common dynamics of dysfunctional families
- select appropriate treatment techniques depending on family dynamics

Behavioral Change

After participating in this training session, the foster care workers will be able to

- include natural parents in permanency planning
- design treatment plans to include natural parents as part of the treatment process

Session Outline

Time: 2½ - 3 hours

Space: The room size depends upon the number of participants.

Equipment: Flip chart and stand
Felt tip markers

Materials: Film - Don't Condemn Me Until You Know Me
Handouts - Small Group Discussion Guide
Factors to Consider When Working With Natural Families

I. Introduction 10 minutes

The trainer introduces the topic and shares the purposes and goals of the session with the participants.

II. Warm-up Exercise 5 minutes

The trainer asks the participants to form dyads. One purpose for breaking into pairs is to introduce each

other and get acquainted. However, the primary purpose of the dyads is to focus on the following imaginary situation. The participants are asked to imagine that they are children again. Considering this, they are told that everything is being taken away from them except for one thing (or person). They're asked what one thing they would not give up from childhood and to discuss this within the dyads.

Process 25 minutes

Although the answers vary, the general response has something to do with family, for example, mother or parent. All responses are collected on a flip chart. (10 min.)

Staying in their dyads, the participants are told that this one thing that they would not give up from their childhood is also being taken away from them. The group as a whole is asked how it feels about this final thing being taken away. Again, responses are collected on a flip chart. From this exercise the trainer processes the following points: 1) the significance of our own families - the common denominator for human relationships and the source of empathy for the families with whom we work; 2) the importance of permanence for children; 3) the reality of what happens to children and families who enter foster care. (15 min.)

III. Fantasy Trip 15 minutes

The trainer explains to the participants that he or she would like to take them on a fantasy trip using the Child Welfare League of America film Don't Condemn Me Until You Know Me. The trainer asks the participants to "count off" in order to form small groups of about six to eight people. Then, the trainer asks the participants to imagine that they are natural parents who must place their child in foster care. This is the first time anything so difficult has occurred in their lives. They have had some time to discuss this with their county worker. Their caseworker has suggested that it might be helpful to meet some parents who have placed their children. Home visits with these parents have been arranged. The parents have had different experiences and different feelings about those experiences. The participants are asked to imagine, through the film, that they are going with their caseworker on home visits. The trainer can elaborate about the many ramifications of placement. The participants are told that their reactions

will be sought after the film. The small group discussion handout is given to participants and each group is asked to assign a reporter.

IV. Film Don't Condemn Me Until You Know Me 20 minutes

V. Processing Film 15 minutes

The trainer solicits reactions from the participants as natural parents using the small group discussion handout. Often reactions correlate with different stages of separation and loss. The emotions expressed run the gamut from anger to severe depression/isolation. In viewing the film, participants are often suspicious of the ability of the parents in the film to express themselves. It is helpful to point out that these parents have had many years of help.

VI. Factors to Consider When Working With Natural Families 45 minutes

The participants are given an opportunity to pull all these feelings and needs together in order to consider the appropriate treatment approach and techniques. Through the common experience of the film and through their own foster care experiences, it is clear that there are a number of issues t consider. The trainer suggests that participants focus on the following three areas: 1) workers' attitudes when working with natural families, 2) common dynamics involved with natural families, and 3) treatment techniques to use in reference to these dynamics. The trainer has the option of strictly processing ideas through the large group along with the handout, "Factors to Consider When Working With Natural Families," or to use a discussion presentation format such as the suggested sample lecture.

VII. Summary 10 minutes

The trainer can use the handout as a summarization sheet for the participants, or a summary statement, such as the following can be made: We trust that you feel more in touch with the basic human needs involved in foster care - the value of our families and the significance of the family unit. It is important in foster care to recognize the significance of every parent-child relationship regardless of the specific situation. Every case we work with has unique qualities but there are clear common dynamics in all of these families from which we can develop treatment techniques. Permanency planning

is a major theme today in foster care. The caseworker has a very speical role in permanency planning. The worker is the coordinator of permanency planning. However, natural families need to be included in the process. Natural parents can be an asset to you as a worker because of their relationship with the child.

Sample Lecture/Discussion

Through your reactions to imagining placement of your child in foster care, you can obviously develop some empathy for the natural families with whom you work. Let's take some time now to pull all these feelings and needs together in order to consider treatment approaches and techniques in working with families.

As we found in the film, and as we all know through our foster care experiences, there are many factors to consider when working with natural families. For the sake of clarity, let's focus on three areas

1. our own attitudes as caseworkers working with families
2. common dynamics at work in these families
3. treatment techniques to use, considering these dynamics

First, let's look at our own attitudes. Our capacity for empathy is crucial. Through the exercises today we have a better understanding of how it must feel to place a child. (The trainer needs to relate this discussion to the participants' reactions to earlier exercises.) We can learn a great deal through our experiences. Just considering your reactions in the first exercise, it is clear that the family unit is an extremely important resource for our basic sense of trust and security or permanence. The family, whatever that means to each individual, is a common denominator for all human beings insofar as it provides us with a sense of permanence - or roots. We may have different life experiences, but every one of us learned about human relationships through "family." The meaning of "relationship" is defined early through whatever meaning we have attached to our earliest relationships in the family.

In our work, we deal with families who are temporarily separated. Parent-child relationships, in particular, and family relationships, in general, are very complicated and intense. So our capacity to empathize cannot be overemphasized.

The longer we are involved in human services, the more frequently we hear and use the word empathy. Just for a moment, it might be helpful to define the term. Empathy is the capacity to project one's self into the personality, feelings, and ideas of another in order to understand the other person better; it's an intellectual identification with another. Empathy is very different from sympathy.

Sympathy is an understanding arising from the sameness of feeling; it as an emotional identification with another. A person feels sympathy when a situation stirs up an association. You may, for

example, feel sympathy toward a person who has lost a loved one through death if you have felt a similar loss.

The fine distinction between empathy and sympathy is that empathy is an intellectual understanding whereas sympathy is an emotional association. With the capacity to empathize, a worker is able to intellectually put himself or herself in a client's position. With the capacity to sympathize, a worker feels compassion or pity for a client's suffering. Sympathy may be appropriate at times; at other times, it can lead to over identification. It is the capacity to empathize that helps us keep a balanced perspective.

Besides empathy, what are some other attitudes that we, as foster care workers, must develop in order to create an effective working relationship with families? (Trainer can encourage discussion.)

However it's phrased, one essential factor is commitment to the family. Commitment, especially when you think about very difficult, needy cases, can be draining. It can mean assertive outreach work; it can mean frequent, intense, and sometimes, long-term involvement. Foster care workers need to create and maintain a helping relationship with families. Empathy and commitment give rise to an open-minded, nonjudgmental attitude that enables a worker to understand families and deal with responsibilities and capabilities rather than values.

What other attitudes does a foster care worker need to be effective? We've talked about commitment to the family, empathy, and the significance of family relationships. Yet, it seems sometimes that workers assume total responsibility for a child's care. Haven't you ever felt that horrible, omnipotent feeling of being totally responsible for a child? How do we get ourselves into such untenable situations? Perhaps, this is an important issue to consider.

A worker is the coordinator of case planning, not a god. Foster care workers need to adopt an attitude that prevents such a feeling of omnipotence. We have to recognize that the parents hold the final decision-making power in regard to their child's life (unless, of course, involuntary termination of parental rights is an issue). It is important for us to recognize parental power, not only to avoid playing god, but also to help parents exercise what responsibility they have. When this approach is taken with care and support, the parents are given credit for their significant position with their child. This can build their self-esteem. It can also provide a positive model to children when they see workers approach their parents with clear respect and recognition. It can help everyone deal more effectively with the situation. If foster care workers approach each family with this attitude it will help them avoid over identifying with children or "rescuing" children

by foster care placement and dealing with them in a vacuum (i.e., without family).

Certainly, many of the families we serve cannot easily assume responsibility. To begin with, it may be an unusual concept. Some families may be so crisis oriented that responsible decision making seems impossible. In some cases it may even be impossible. However, it is worth the effort to find out just how capable a family is. A worker's responsibility is to assess and monitor the situation.

The worker must always keep permanency planning in mind. This is often difficult when a family is running from one crisis to another, but that's our job - to keep sight of the ultimate goal during crisis. We must be as direct as possible with families when crises distract them from long-range plans.

Already it's obvious that the foster care worker must have a particular attitude when he or she takes on a new case. (Trainer lists the following on a flip chart.)

Attitudes

1. empathy
2. commitment
3. recognition of parents' authority
4. permanency planning

(Trainer may add other issues received from the participants.)

It is evident, then, that the worker's awareness of his or her impact is crucial.

Let's look, now, at some of the common dynamics we find in working with families. Already, through your reactions to the film, some common dynamics are obvious. (Trainer needs to relate this discussion to participants' reactions to film.) For example, many of you felt angry or depressed. Some of you felt you would do anything to prevent your child being placed. These feelings are natural when you consider the stages of loss and separation. So one of the common dynamics we find with families is loss and separation, both current and past. (Trainer lists loss/separation issues on flip chart.)

Let's list all the family dynamics that you have experienced and that, perhaps, you have not known how to treat. (Trainer collects list of dynamics, after some clear consensus is reached.)

[The following may be somewhat different from the dynamics suggested by the participants. However, this list, perhaps with different terms, has been the general response.]

Dynamics

1. ambivalence, e.g., love/hate
2. cyclical or repetitive patterns, e.g., inconsistent discipline, constant change of residence
3. parental strengths, e.g., likable, verbal
   (Trainer usually needs to ask participants if they find any strengths. Even if they do, parental strengths can cause uncomfortable ambivalence for worker, i.e., some parents are likable but . . .)
4. parental liabilities, e.g., limited parenting capacity
5. positive/negative stereotypes, e.g., poor male/female models
6. basic unmet needs (external), e.g., financial problems, marital problems
7. parental dreams for children, e.g., high expectations of children
8. role reversal, e.g., child takes care of parent or siblings
9. separation/loss issues, e.g., placement, marital separations, death

What we have identified here are common dynamics in the families with whom we work. Again, it is important to note that all of these dynamics do not relate simply to these families - they relate to all of us. All of us struggle at times with ambivalent feelings towards others. All of us have developed repetitive patterns in our lives. Repetitive patterns, or the habitual ways we have developed to handle certain situations, can be functional or dysfunctional. With support and awareness, sometimes we discover that an old, habitual way of dealing with something is no longer effective. So, we modify or change our approach. The families we serve usually do not have the time, energy, capacity, or whatever to realize that their old patterns are dysfunctional. For these families repetitive patterns begin to control their lives. Rather than act consciously in a thoughtful, effective way, they simply react out of habit.

Let's focus on each of these dynamics, recognizing that they are troublesome areas because they are usually exaggerated; that is, ambivalence is extreme, or repetitive patterns are dysfunctional, or parental capacities are very limited, or unmet needs are extensive. Let's take each dynamic and brainstorm about the most effective treatment for dealing with these dysfunctional dynamics.

[With each issue the trainer can encourage responses from the participants. However, it is suggested that the following points of this lecture/discussion be incorportated into this session.]

Ambivalence. What do foster care workers need to do about, or how should they respond to, parents who react to their child one

day with "total" love and nurturance while the next day they totally reject the child? (Trainer allows time for discussion)

Obviously there are many examples of extreme ambivalence. Yet our main purpose in foster care is to provide children and their families with better coping skills so that they may be reunited. Therefore, whenever possible, it is important for us to stress the positive side of their ambivalence. These families and children need our support in this struggle. They need to know that some ambivalence is natural. They need to understand that there is a positive side to their ambivalence, a side that includes a great deal of love or concern. They need to take pride in this and to develop these positive feelings in order to sustain themselves in this struggle. These positive feelings can provide a strong motivating force toward the goal of reunion. If a worker does not emphasize the positives, clients can quickly be overwhelmed by their negative feelings. Negativism has often been a destructive, self-perpetuating force in their lives and there is no sense focusing on it. These people need to direct their best efforts toward learning new coping skills so that they can function optimally.

It is not being suggested that the negative forces are not real. But it is likely that there has been no balance. Usually children are placed in foster care because the negative side of ambivalence has overshadowed the positive.

Repetitive Patterns. What kind of treatment approach would be most effective in dealing with parents who are operating with dysfunctional, habitual ways of coping? Consider, for example, the parent who may appropriately discipline a child at times, but whose general approach to the child is inconsistent. (Trainer allows time for discussion.)

All of us who are involved in foster care are aware of the child's background or social history in some detail. But the relevant question here is how much do we really know about the parents? By reviewing their background with them, a worker is better able to help parents understand the repetitive or cyclical method they use to deal with issues. Such a discussion can provide the parents with a clearer understanding of themselves and their coping skills. This understanding can motivate change or modification. It can also help parents get in touch with some of their negative feelings or with longings that have gone unsatisfied. Further, it could demonstrate that these parents were children, once, whom the human service field never reached. Perhaps, too, it will reveal that they are "better" parents than their parents were. It's important, when possible, to recognize this insofar as these parents are naturally competing with their own parents. A positive evolutionary process in parenting could be taking place.

So certainly a primary treatment technique in this situation would be to reveiw the parents' histories. It is also an appropriate way to establish a trusting, supportive relationship with them.

Parental Strenghts. Generally, if we look long enough for parental strengths, even in the most difficult cases, we will find something. This is another important reason to review their backgrounds with them. However, as was mentioned before, there is a lot of negativism or conflict in these familial relationships and a worker can be easily distracted or preoccupied by the conflicts. To establish a better balance for us as well as for the families, it is important to look for strengths. Very basically, it is a lot easier to empathize and be committed when there is some quality which we like in the other person. Besides that, it is easier for parents or children to work on conflicts when they believe in themselves.

For example, in the film that we viewed, some of the parents were bright or verbal people. Such parents are often likable. On the surface, these parents present themselves as "normal." Review of their background is essential to prevent misjudging their real capacities. If we simply look at the surface, we or they could harshly question why they have not done a "better" job in parenting. It could feed into unrealistically high expectations, failure, and resultant feelings of inadequacy.

However, we must focus on their real strengths, whatever they may be. With the parents, we need to find and encourage development of those strengths. Parents need to know their strengths and need support in order to gain gratification from those strengths. Our role is to be their advocate.

Parental Liabilities. How does a worker need to respond to parents' liabilities, such as limited parenting capacity? Let's say that in a particular case a parent does not recognize his or her inconsistency in dealing with a child. (Trainer allows time for discussion.)

By this point, the worker and family have hopefully established a trusting relationship. Perhaps the key, under these circumstances, is in the approach. It's best to combine nurturing support or sensitivity with directness. There are a couple of things to consider here. First, after a worker has gained some background information about the parents, it may be clear that the parents need some nurturing, noncritical re-parenting. At the same time, indirectness from the worker can cause mistrust in the parents. The treatment approach needs to be a blend of caring and directness. For example, a parent might be angry that a child has disobeyed certain rules. It would be appropriate for the worker

to point out that there are times when the parent has been lax in setting up the rules or in enforcing them. It's important to point out to the parent where his or her responsibility lies; this helps parents define their roles. Through direct and caring "confrontation" they can see what is within the realm of their control, i.e., their own actions and reactions.

If, on the other hand, the conflict is about something that they cannot control, that needs to be recognized, too. Take, for example, the parent who is overwrought because the child has developed a style with which the parent disagrees, e.g., the child eats sloppily. It may be best for the worker to point out that this is not a priority issue. Perhaps, the issue is being perceived in an exaggerated way; it has developed into a conflict when there are other, more pressing issues. However, because it is an exaggerated, highlighted issue, it has become a symptom of a deeper conflict, e.g., who is in control. It would be helpful to point this out and refocus on the main theme, or deeper conflict. In any case, it is important that the worker be supportive but direct in dealing with parental liabilities. We all have our limits, parents too. It is part of being human, but it is helpful to know our "weak spots."

Positive/Negative Stereotypes. The families we serve have had certain male and female role models. Often these role models are poor. How does a worker deal with these positive or negative models and generalizations that families have formed? (Trainer allows time for discussion.)

All of us have formed stereotypes or generalizations from our experiences. In our professional relationships, these stereotypes can be a barrier. The worker, through understanding the parents' backgrounds, must help break down some of the negative stereotypes and promote positive ones. The stereotypes are not just concerning male and female models; they are judgments or conclusions about many situations. For example, a particular set of parents might have a negative stereotype of caseworkers. We workers have to explore these generalizations with families in order to be aware of our impact at the beginning of a relationship.

More often than not, though, many of these stereotypes are rooted in the parents' family experiences. For example, you may be working with a single mother whose life experiences have taught her that men are unreliable. Perhaps her male models were temporary or in and out of her life. Or perhaps, they were unreliable in the sense that they left her when crises occurred. If you are a male caseworker, this could be a barrier. It would be up to you to be extremely consistent in your interaction with her in order to help her modify her negative view of men.

Another example would be a parent whose female models were generally available but harsh or critical. A female caseworker, then, would have to be nurturing and supportive in order for this parent to modify his or her view of women.

The point, here, is that a worker needs to explore the parents' stereotypes in order to consciously use himself or herself to therapeutically intervene. A worker who is unaware of his or her impact on a parent could be reinforcing a negative generalization.

Basic Unmet External Needs. Through assessment, caseworkers can identify and treat certain unmet emotional needs by role modeling, supporting, and employing basic casework skills. However, most of the families with whom we deal have numerous and often severe unmet practical needs, such as financial problems. What can we do to be effective in helping families deal with these realities? (Trainer allows time for discussion.)

How often do such things as transportation and geographical distance interfere with casework? With foster care cases, often outreach work has to be done. Often we need to make home visits rather than office appointments. Many of these families must cope with overwhelming hassles on a daily basis. Sometimes it seems that foster care work is "kitchen table counseling." There's nothing wrong with that. We're acknowledging a basic social work tenet - a worker must start where the client is. At times, this has to be done literally as well as figuratively.

There is often more than one kind of problem. One often wonders whether some overwhelming realities are the cause of medical problems, or whether the medical problems are causing more reality problems. It is a "chicken or the egg" question, as is the question of which is the core problem - emotional or financial. In any case, help is needed. That is why it is important for us to be aware of resources available within the county and within the community.

A careful assessment of the case is needed when referring families to other resources. Workers need to know how involved they must be in referrals. It is important to support and guide families as well as to encourage them to pursue some resources independently. Workers have to use their judgment to determine the difference between dependency and over dependency, while acknowledging that these families are encountering tremendous pressues. Outreach work and awareness of resources are essential elements of treating and assisting families with these pressures.

Parental Dreams for Children. As is so clear already, the parent-child relationship is complicated, intense, and significant. All parents have great hopes and dreams for their children. When

parents have to place their children in foster care, for whatever reason, they face an awful contrast to these hopes and dreams. How does a foster care worker deal effectively with parents when their dreams, and perhaps unrealistic expectations, have crashed? (Trainer allows time for discussion.)

In most of the families we serve, there are many unrealistic expectations and much magical thinking involved. Parents may have hoped, wrongly, that their children would meet their needs. Or, perhaps, they had hoped that they would be superior parents - better than their own. This dynamic of parental dreams is a primary reason why workers need to be very clear about realistic permanency planning. From the start, careful thought must be given to the purpose and goals of placement. Since placement should occur when it is in the best interest of the child, it naturally follows that parents need to know, understand, and believe that what they are doing, i.e., agreeing to placement, is for their child's sake. They need to be given credit for the fact that they are acting as responsible, caring parents. They need to know why placement is necessary and what the specific goals are (usually the child's return home). When this concept is understood by the parents, it becomes more understandable for the child.

Serious conflicts can arise between parents and children. Parents need to know that these conflicts have to be handled differently; new coping skills need to be developed to achieve reconciliation. They need to know what goals to work on. When a worker respects them for their parental "love," parents can believe in themselves and are better able to respond with appropriate motivation. Therefore, foster care workers need to be supportive but realistic in their interaction with families. If the parents' expectations are unrealistically high, they need gentle guidance in modifying those expectations.

Role Reversal. A good example of unrealistic expectations is that the children will meet the parents' needs. How often have we seen role reversal, the child who is the parent and the parent who is the child? How do you deal with this? (Trainer allows time for discussion.)

Of course the parents' histories often reveal that many of these people have not had their own needs met. When this is so, the task of meeting the child's needs becomes a difficult one indeed. Frequently, workers have to nurture and, at times, almost "re-parent" the parent. Workers have to be parents' advocates by helping parents with their needs. No one can realistically expect human beings to give without having some of their own needs met.

More specifically, though, there are some treatment techniques that can be used to modify role reversal. First, the parents' authority

and experiences must be acknowledged and supported. It could be suggested to a parent that he or she is not taking enough credit in the relationship with the child. It should be pointed out that the parent has much more experience than the child. It might be suggested that perhaps this is a generational issue, that as a child, he or she parented his or her parent. The worker could help the parent remember the overwhelming feeling of that responsibility. Or, perhaps, the worker could emphasize the fact that this parent needs to do what is in the best interest of the child, that is, reestablish himself or herself as the parent figure. The particular approach, of course, would be determined by assessing the needs and capacities of the individual.

Separation/Loss Issues. Without exception, the families with whom we deal are undergoing loss and are involved in the grieving process. The foster care placement, alone, makes this so. Unfortunately, though, most of these families are all too familiar with separations and losses. How can a foster care worker effectively deal with these issues? (Trainer allows time for discussion.)

Obviously, then, we must be aware of the impact of this separation on the parent-child relationship. There are a number of different theories that address the issue of separation and loss. Each theory has slightly different terminology. What is clear however, is that there are universal stages and feelings for anyone who experiences a loss. The stages are not clear cut; they overlap and repeat, but the feelings are distinct and the need to go through the grieving process is clear.

Let's briefly review the stages. First, according to Kubler-Ross, there's a denial stage;(1) Bowlby and Thomas call it the preprotest stage.(2) In any case, it is a period of time when families (and children) are in emotional shock. They act or react superficially. Sometimes we've heard this referred to as "the honeymoon" stage. All are feeling isolated, maybe abandoned. Yet, often, there is some relief from the former conflict and resistance is high. The second stage is anger;(3) Bowlby and Thomas refer to it as the protest stage.(4) With some foster care cases, this could be an intense period when everyone is feeling angry and, perhaps, retaliative. It too is a natural part of the process. However, during the early process of establishing a relationship, the worker must be careful not to interpret this anger personally. It is important for the worker to gently stress the positive side of ambivalence while still giving permission for the natural angry feelings. Another stage is depression,(5) or as Bowlby and Thomas call it, despair.(6) Again, this is natural. There are very real reasons for families and children to go through depression. It is a difficult and draining period for all. But finally, with enough time and support, a stage of acceptance or adjustment(7) is reached; Bowlby and Thomas call it detachment.(8) It is the

time when a person has dealt with the separation and can now pursue other issues in life. For the family and children, it may be at this stage that they can begin to deal with the treatment issues. People go through these stages at their own unique pace. Thus, a worker may observe different stages for different family members. Of course, there may be some past losses that are unresolved. Placement may simply stir up past, unsettled separations. Each separation has to be worked through. Obviously, too, return home sets off another separation and so the process of grieving reappears.

As we have seen, there are several factors to consider when working with natural families in general and numerous specific issues to consider with each individual family. We have discussed a great deal and it is likely that many basic but substantive issues have been stirred up. Are there any questions? (Trainer responds to questions or comments from the participants.)

[Trainer may use handout "Factors to Consider When Working with Natural Families" as a summary.]

This lecture/discussion was derived from a workshop entitled "The Caring Parents' Rights to Surrender," presented by Mary Ellen Deighan at the 14th Annual Fall Institute, Organizing Child Welfare Services to Achieve Permanence for Children. Parsons Child and Family Center, Albany, New York, 1978. Unpublished.

Notes

1. Elisabeth Kubler-Ross, On Death and Dying (New York: Macmillan Company, 1969).

2. John Bowlby, Separation, vol. 2 (New York: Basic Books, 1973) and Carolyn Thomas, "The Resolution of Object Loss Following Foster Home Placement." Smith College Studies. Social Work, June 1967.

3. Kubler-Ross, op. cit.

4. Bowlby, op. cit.

5. Kubler-Ross, op. cit.

6. Bowlby, op. cit.

7. Kubler-Ross, op. cit.

8. Bowlby, op. cit.

Alternative Strategies

From a training point of view, the variations possible for this session are probably infinite. If changed, however, the session must still be able to achieve the behavioral objectives, or new objectives need to be developed.

It is suggested that, time permitting, a practice "hands-on" bridging exercise (such as role plays) be utilized. Structured role plays could be established to provide the participants with technique or skills practice of such issues as a sensitive review of a parent's background. Perhaps, too, a variety of structured role plays could be devised for each of the dynamics common to client families, along with the suggested treatment approach.

Annotated Bibliography

Colon, Fernando. "Family Ties and Child Placement." Family Process 17(September 1978):289-312.

The fundamental premise of this paper is the primacy of the child's experience of biological-familial continuity in establishing his sense of self and personal significance. This paper examines the effects of current child placement practices on the child's ties to his biological, foster, and adoptive families. It explores alternative practices that would take into account biological-familial continuity.

Helfer, Ray E., and Kempe, Ruth. "World of Abnormal Rearing" (WAR).

The concept of the "World of Abnormal Rearing" (WAR) was first presented to the Ambulatory Pediatric Association in a presidential address, San Francisco, 1973. A description of this never-ending cycle was first published in Pediatrics Basics, vols. 10 and 11, by Gerber Company in 1974. Later WAR was revised and published in Child Abuse and Neglect: Diagnostic Process and Treatment Programs by the Office of Child Development, publication #OHD 75-69 (Ray E. Helfer). It is a useful, applicable theory concerning dysfunctional families and the generational or cyclical patterns of dysfunction.

Kline, Draza, and Overstreet, Helen-Mary Forbush. Foster Care of Children: Nurture and Treatment. New York and London: Columbia University Press, 1972.

This book is a fine contribution to foster care literature. The authors have specifically concentrated on foster care issues, including the children, natural families, foster families, and foster care workers. The authors promote a comprehensive, humanistic approach to foster care issues focusing on nurturance and treatment. They present theoretical concepts as well as practical wisdom. This book gives readers a positve approach to a very difficult human service area.

Handout 1.

Small Group Discussion Guide

Now that you have seen the film Don't Condemn Me Until You Know Me, please discuss the following questions in your small group.

1. As a natural parent, what are your major feelings and/or concerns as you prepare to place your child in foster care?

2. Which parent in the film best reflected your feelings?

   Which parent's feelings were most unlike yours?

3. As a natural parent, what kind of help would you seek or want from a caseworker?

Handout 2.

Factors to Consider When Working with Natural Families

I. Caseworker's Attitude

a) Empathy - capacity to project one's own personality into the personality of another in order to understand him or her better.

b) Commitment to family - includes outreach casework; frequent and long-term involvement.

c) Recognition of parents' authority - parents have major decision-making power in the parent-child relationship.

d) Permanency planning - long-term permanent goal must be the focus, even when dealing with crisis.

II. Dynamics	III. Implementation
a) ambivalence	a) stress positive feelings
b) repetitive patterns	b) review parents' backgrounds as well as the child's
c) parental strenghts	c) be parents' advocates
d) parental liabilities, e.g., limited parenting capacity	d) be supportive but direct
e) positive/negative stereotypes, i.e., male/female models	e) review parents' backgrounds
f) basic unmet needs (external), e.g., financial problems	f) outreach work, awareness of community resources
g) parental dreams for children	g) be aware of this natural human tendency; be supportive but realistic
h) role reversal	i) authority and experience
i) separation/loss issues	i) be aware of impact on parent-child relationship, e.g., stages of grieving

Understanding Foster Families

UNDERSTANDING FOSTER FAMILIES

Rationale

During the 1978-79 contract year, the Child and Family Services Training Unit established role-specific training for New York State Department of Social Services foster care workers. In the fall of 1978, a questionnaire was sent to foster care units within the county departments of social service requesting specific information regarding foster care. One consistent response was the need for training about foster parenting. Foster care workers asked for direction in assisting foster parents find the fine line between their personal and professional selves. Workers were interested in sharpening their own skills in recruiting foster families as well as in supporting the foster family's role in treating foster children and natural families.

Foster parents in particular, and foster families in general, have a tremendous impact on foster children by providing a family setting and the potential for family bonds. Further, foster children have a great impact on the foster families with whom they are placed in view of the fact that they become a part of the foster family unit. Thus, foster care workers need to be aware of the significance of all family relationships and the parent-child relationship in particular. They must also be clear about foster families' roles and expectations. In the recruitment process, it is necessary for foster care workers to be clear so that these expectations will be unambiguous. Foster families' skills can be tapped and utilized in the treatment of children and natural families only if this clarity is maintained.

Purpose

Thus, the purpose of this module is three-fold.

1. To instruct foster care workers in understanding and supporting the establishment of a balance between the personal and professional roles of foster families

2. To assist foster care workers in clarifying the expectations of foster families

3. With a thorough understanding of the impact of foster care on family relationships as well as clearly identified expectations of foster families, workers will be better able to use foster families in the treatment of foster children and natural families

Of course, understanding foster families is not the only area of concern in foster care. There are a number of generic casework issues that are basic to foster care, such as understanding natural families. There are also role-specific areas, such as training and supervision of foster families, preplacement issues, and termination issues that are also covered in this curriculum. This module is intended for use in series with the other modules, though it could be used separately.

Behavioral Objectives

After participating in this training session, foster care workers will be able to

- identify the important aspects of the parent-child relationship in particular, and the family relationship in general, within the foster family
- recognize significant qualities necessary for foster family care
- select appropriate roles for foster families in the treatment of foster children and natural families

Behavioral Change

After participating in this training session, the foster care workers

- will be able to appraise important qualities necessary for foster families, during recruitment
- will design treatment plans to include foster families as members of a treatment team

Session Outline

Time: 2½ - 3 hours

Space: The location depends upon the number of participants. However, one room is needed for the entire group and break-out rooms would be helpful for small group tasks.

Equipment: Flip chart and stand
Felt tip pens

Materials: Handouts - Structured Role Play Exercise
Leonard Case
Therapeutic Skills for Foster Parenting

I. Introduction 15 minutes

The trainer introduces the topic and shares the purposes and goals of the session with the participants. Then, the trainer assigns listening groups for the upcoming role play. Trainer suggests that participants count off by four (or five).

II. Role Play 20 minutes

The trainer can use prepared staff or volunteers for the role play. The role play presents a foster family who has just received word that a child will be placed in their home. It emphasizes the foster family as a unique family unit - stressing their humanness and the impact of placement on their family. If there are volunteers for the role play, it may be helpful to send them to another room to study their roles. (See handouts 1 and 2).

III. Small Group Task 15 minutes

Since the participants have already been assigned to groups, the trainer can assign a specific task to each group. The trainer explains that there are many different ways the role play can be viewed. The trainer tells each group to discuss the role play according to its assigned perspective. The following assignments are suggested:

Group 1 - The foster family - What are your feelings about this placement?

Group 2 - The natural family - What are your feelings about this foster family?

Group 3 - The child - What are you feelings about this foster family?

Group 4 - The foster care worker - What are your feelings about this foster family?

Additional group - Considering all perspectives, what is your assessment of this placement?

IV. Processing Role Play 20 minutes

The trainer then processes the small groups' assignments through small group reports and large group discussion. Generally, the following points need to be emphasized by the trainer.

1. There are common feelings experienced by all the subgroups (i.e., natural family, child, foster family, caseworker), such as loss/ separation feelings, ambivalence, competition over parenting roles, questions of adequacy, etc.

2. A foster family's own, unique unit is naturally being disrupted by placement; their familial relationships are significantly affected by integrating a child into their lives. The foster care worker needs to understand and support the foster family's balance between personal and professional roles.

3. The caseworker's role is coordinator of many different perspectives. Therefore, the worker needs to be in tune with the feelings of everyone involved and help them deal with these feelings.

4. There are potential, and sometimes traditional, conflicts that can develop between and within each subgroup. The worker's awareness of points 1 and 2 is, therefore, imperative.

V. Transition Statement 5 minutes

It is suggested that the trainer make a transition statement from the processing of the structured role play before presenting the lecture/discussion. The following is an example.

Because there is such a delicate balance for foster parents between their personal and professional roles, there is no way to overemphasize the need for support and clearly expressed expectations. Indeed, foster parents are opening up their own home and family to foster care - making their personal lives potentially vulnerable. They have an extremely important role in the nurturance and treatment of foster children. Implicitly, we have great expectations of foster families. Both the caseworker's and the foster parents' awareness of many issues help to create a "treatment" atmosphere in foster care. For example, perhaps foster parents' awareness of their own family "disruption" could be turned into a skill in dealing with a foster child's disruption. However, foster parents need guidance in developing professional awareness and skills. Child care workers and foster parents have parallel roles. Foster parents use or can

use many of the worker's skills, but they need to be supported in learning and consciously using these skills. In this way they can be significant members of a foster care treatment team, which is advantageous to all.

VI. Sample Lecture/Discussion 15 minutes

VII. Case Study 20 minutes

The trainer explains that foster families need not only to keep a balance between personal and professional parenting, but also to clarify their expectations in order to work effectively. Clear expectations lead to better matching and permanency planning.

The trainer then suggests that the participants brainstorm over the Leonard Case in small groups and develop a specific treatment plan, identifying goals and methods, and including the foster family as part of the team. The small group task is written on the case handout. The trainer can redefine tasks if desired, depending on the size of the group.

VIII. Process 30 minutes

The participants report their treatment plan to the large group. The trainer can emphasize the learning points of the session. It would be helpful for the trainer to focus on the foster family's role and the skills and methods that could be used by the foster parents, in particular, to strengthen and support treatment goals.

IX. Summary 10 minutes

The trainer needs to summarize the session in order to give the participants a sense of closure. The trainer could make a summary statement such as the following:

We trust that you feel more in touch with some of the basic human needs in foster care, especially the needs of foster families. There are many skills in foster parenting that can be tapped and utilized to strengthen permanency planning for children and their families. Incorporating foster families in your treatment team can be a real asset to the foster children, their families, and their caseworkers. Foster parenting should be given the recognition of a professional discipline. Foster parents develop a unique relationship with foster children; they develop a substitute parent-child relationship on a professional level. That can be a valuable contribution to you, as caseworkers.

Sample Lecture/Discussion

The therapeutic role of any person with whom a child lives on a 24-hour basis cannot be overemphasized. There are many opportunities built into the foster family situation for real child treatment to take place. However, because foster parents are frequently not seen as a part of the treatment team, they are often not provided with knowledge of some very basic treatment skills. They could use these skills on a daily basis, not only to help the children in their care but also to make their own tasks as parents more manageable.

Residential child care workers possess treatment skills and techniques that could be very helpful to foster parents. The following four techniques are of primary importance in implementing any treatment plan for a child in placement, whether it be foster or residential care.

1. Role Modeling
2. Programming
3. Life-Space Interviewing
4. Observing/Communicating

Let us take a look at how each of these techniques can be implemented by foster parents.

Role Modeling. Role modeling is the conscious use of one's self to provide a specific image for the child, i.e., providing a good male or female model for the child who has lacked one, or displaying emotions such as anger, frustration, and love in ways that are more appropriate than those presently used by the child.

Often a child who comes into foster placement will express anger by striking out physically or by hurling verbal assaults at adults or peers. This may have been the way anger was expressed by various members of the child's natural family. Foster parents must be made aware that they can use their own anger therapeutically. They can show the child that they can yell and disagree without being abusive and without leaving the anger unresolved to build up into another outburst.

Foster parents must also be made aware of specific problems that a child may have relating to one sex. For example, a child who has a very passive mother who let her husband abuse her and/or her children can be shown by a foster mother that a woman can stand up for herself, make decisions, and be proud.

Foster parents should be shown that even their own natural children can be a source of role modeling. For example, if a foster parent has a natural child who is particularly good at handling

defeat, the parent can ask this child to play competitive games with a foster child who cannot handle the idea of losing. (At this point the trainer might ask if participants have any further examples of how and when foster parents might be instructed to use role modeling.)

Programming. Programming simply means establishing structure and routines and therefore some sense of safety for a child who is placed in a new situation.

The key to this technique is finding out how much structure a particular child really needs to feel secure and function at his or her best. Foster parents can go one of two routes here. They can provide a lot of structure at first and gradually ease up until the child seems more relaxed, or they can choose to start out with very little structure and add it only as they observe a need in the child. To decide on the best approach, it would be wise for the foster parents to talk with the caseworker and natural parents to get a clear picture of the needs specific to the child in placement.

Examples of programming are setting specific times for a child to do household chores, to go to bed, to get up, or to have meals. Many children in placement have come from very chaotic backgrounds in which they never knew when they would have their next meal or what household tasks they were expected to perform. As soon as a child is placed, foster parents should sit down with the child and explain the rules and routines that their family lives by and just what is expected of this child. This will help eliminate much of the guessing that is often displayed by testing behavior such as lying, running away, and stealing.

It is important that foster parents be aware of a foster child's emotional and cognitive development so that they can assign tasks that are suited to the child's capabilities. For example, a 12-year-old child who is reading at a first- or second-grade level probably cannot be expected to read a recipe and make a cake alone. Children asked to perform tasks for which they do not have the ability will once again feel that they are failures who cannot live up to adult expectations.

Recreational activities must also be carefully planned. Just because a foster boy is 6 feet tall and looks very mature physically, he is not necessarily capable of playing basketball or football proficiently. The child may have had a recent growth spurt and may not be used to his new size, or he may not be able to handle the competition and tension of skilled team sports. At first it might be best for this child to be involved in sports where he competes only with himself (i.e., fishing, skate boarding) and helped to learn just how much he can handle.

The caseworker must help a foster family avoid the mistake of assuming that a foster child can participate in all of the activities their natural children of a similar age and size enjoy.

The most important factor to remember is that the child must be involved in those family activities in which he or she can succeed (i.e., taking a picture, going on a picnic, raking the lawn, or perhaps just watching TV quietly for an hour). Children are not as afraid to try new activities and move on developmentally when they have had many chances to succeed at more basic skills, tasks, and activities. (At this point the trainer might ask for further suggestions of how foster parents might use programming).

Life-Space Interviewing. Life-space interviewing is a term coined by Fritz Redl in his book When We Deal With Children. The life-space interview involves taking a child aside to discuss problem behavior when and where it occurs. It is simply a here-and-now kind of one-to-one counseling that can be done by child care worker or foster parent. The life-space interview involves six steps, although sometimes all the steps cannot be implemented.

1. Isolate the child from the problem situation - i.e., break up a fight and take the child to another room, or take the child away from the bedroom where he or she may have been found involved in sex play to a more neutral room, such as the kitchen.

2. Hear the child's view of what happened - i.e., really listen to the child's complete description of what happened, whether you believe it or not, without interrupting, interpreting, etc. This is the only way to establish trust.

3. Explore alternative views of what happened - i.e., tell the child what you saw or heard or what another child or some other observer may have reported. This is the time to show the child that there may be some discrepancy between what he or she feels really happened and what others see. This is often the first step in getting at denial, blocking, scapegoating, etc.).

4. Help develop insight about how the incident fits into the child's pattern of behavior - This is when the parent might say, "Every time you are losing a game you seem to get very upset and usually accuse others of cheating," or "I can see your face get red and notice you biting your nails right before your mom comes to visit." The parent must try to help the child recognize the warning signals for angry outbursts, or depression, or the urge to run away. The purpose of this step is

really to help the child see where and when to intervene in his or her own behavior to prevent behavior that really causes trouble.

5. Develop alternate behavior for the child's self-expression - At this point the parent must try to help the child think of different ways to express feelings, i.e., "When you are angry at Joe maybe you could punch your pillow or write a nasty letter that describes exactly how he makes you feel, instead of hitting him." The parent should ask the child to suggest alternatives and then offer some. (The trainer might ask for more examples of alternatives for specific types of acting out.)

6. Reintegrate the child into the activity that was interrupted - Simply take the child back to where the problem occurred, i.e., if he or she tipped over a game table, the parent should take the child back to the mess and either help clean it up or ask him or her to do it. This step is very important as it helps the child face responsibility for his or her own behavior and helps to avoid leaving a traumatic experience unfinished and unresolved. (The trainer should point out that foster parents need to be given opportunities to practice this skill through role play, etc.)

Observing/Communicating. This task involes keeping records of any information that needs to be communicated to either the child, the natural family, or the caseworker. Such information might include

- developmental level
- accomplishments and movement toward treatment goals
- adjustment to separation from natural family
- status within sibling group (follower, leader, isolate?)
- general health of the child

The worker might suggest that the foster parents keep a chart on which they check off daily accomplishments, behavior, etc. of the foster child. These charts should be simple and may or may not be shared with the child depending on the strength of the child's ego and the nature of the information recorded. A chart could be developed with a checklist format or a scale of good-fair-poor and list some of the following items:

- Finished house job
- Cleaned room
- Came to meals on time
- Spent at least two hours interacting with the family as a whole

Some items might be checked daily, others weekly. Sharing the checklist with the child can lead to feelings of safety, structure, and trust. (The trainer can solicit suggestions for how such charts should be used, what kind of items should be included, and how foster parents can be helped to develop and use such recording devices.)

The therapeutic role of foster parenting is extremely important. Caseworkers must make foster parents an active part of the child's treatment team and teach them the skills (at least the four listed above) necessary to succeed as therapeutic influences in the lives of children. Without them they become simply stop-off points for children in limbo.

Alternative Strategy

From a training perspective, the variations possible for this session are probably infinite. If changed, however, the session must still be able to achieve the behavioral objectives; otherwise new objectives need to be written.

The least emphasized objective is the one regarding the expectations of foster parents. In order to highlight this objective, the following alternate strategy is suggested. Participants could be divided into small groups before a discussion of foster parents' skills. Each group could address the question:

> What are your agency's guidelines and policies regarding recruitment of foster families? Focus specifically on the qualities necessary for foster parenting.

A reporter from each group would be assigned to summarize the group's discussion and, therefore, provide for the large group exchange.

Annotated Bibliography

Downs, Susan, and Taylor, Catherine, eds. Permanency Planning in Foster Care: Resources for Training. Portland, Oreg.: Portland State University, 1978.

This volume, with a companion called Permanent Planning in Foster Care: A Guide for Program Planners, represents the final product of a national child welfare training grant that the Regional Research Institute for Human Services at Portland State University received from the Administration for Public Services during FY 1977-78. Together with its companion volume, the book is a compilation of state-of-the-art techniques in educating practitioners for permanency planning. It offers curricular material for use in the education and training of caseworkers on permanency planning for children in foster care.

Klein, Alan F. The Professional Child Care Worker. New York: Association Press, 1975.

Dr. Klein stresses the knowledge, skills, attitudes, and techniques in which the professional child care worker must be thoroughly grounded in order to provide effective treatment. Much of this material can be applied to foster parenting.

Ouderkirk, Wayne. "Child Care Practice." In On-the-Line in Child Care: An Entry Level Training Curriculum for Residential Child Care Workers. Albany, N.Y.: Continuing Education Program, School of Social Welfare, State University of New York at Albany, in process.

_____. "Cottage Programming." In Programming in Residential Child Care: A Training Experience for Child Care Workers. Albany, N.Y.: Continuing Education Program, School of Social Welfare, State University of New York at Albany, 1979.

Both training modules could easily be adapted for training foster parents in such areas as programming for foster children and conscious use of self in the treatment of foster children and their families.

Redl, Fritz. When We Deal With Children. New York: The Free Press, 1966.

The reader is particularly directed to Dr. Redl's chapter, "Life Space Interviews," pp. 35-67, a helpful technique that could be utilized by foster parents.

Stea, Anne L. "Therapeutic Use of the Group." In Residential Child Care: A Reader. Albany, N.Y.: Continuing Education Program, School of Social Welfare, State University of New York at Albany, 1979.

Although this article addresses issues related to child care professionals in residential treatment, there are many pertinent points of general interest to any foster care discipline. There are several skill roles that can be adapted to foster parenting, such as observer/communication role, provider of safety role, and provider of corrective experiences and hope role.

Handout 1.

Structured Role Play Exercise: Foster Family

Purpose

The topic of this exercise is the foster family's role and relationship with the prospective foster child, his family, and the caseworker. The specific purpose of the role play is to enable the participants/observers (caseworkers/supervisors) to identify

1. the foster family's feelings and needs
2. the natural family's feelings and needs in regard to this foster family
3. the child's feelings and needs
4. the caseworker's feelings and needs, considering this foster family

Situation

The foster family has been approved and is waiting for the placement of a child in their home. The county caseworker has called the foster mother and explained that Mark will be placed in their home in three days. The caseworker has given specific background information to the foster mother (see Handout 2). The foster parents have discussed this information with each other and are, now, preparing their two daughters for Mark's placement.

Roles

1. Foster Father - You are George Smith, age 35. You have been married for 15 years and have two daughters. You were a foster child as a teen. You have stong bonds with your former foster family, the McCarthys. You are pleased that a foster boy is being placed in your home. You are aware that this placement will mean an adjustment for all. You are especially concerned about your daughters' reactions to Mark's placement.

2. Foster Mother - You are Rosemary Smith, age 35. You are looking forward to Mark's arrival because you feel that your family has a lot to give this child. Yet, you are worried about how your daughters will adjust. You know this means a lot to your husband and to you but you do not think your daughters are old enough to comprehend the upcoming changes. You are sure that they have been prepared as well as they can be.

3. Older Daughter - You are Anna Smith, age 13. You had been involved in the home study process for foster care approval and you think you know a lot about being a foster sister. You are a "pretty good" big sister to Meg although she can be a pain. Your friend Cheryl has a younger brother, age 11, who is pesty. You know that you'll have to share your bedroom with Meg and you're concerned about your privacy.

4. Younger Daughter - You are Meg Smith, age 10. You know a foster child is supposed to be coming to live with you but you have not heard anything about it lately. You think it's a nice idea because you would like another brother or sister. However, you like being the youngest and you are worried about sharing your parents. You want to make sure that you get your fair share of space, since you will have to move into your sister's bedroom.

Observer Groups' Instructions

Group 1 - Imagine that you are the Smith family. After the role play, discuss and report your feelings and needs.

Group 2 - Imagine that you are Mark's family. After observing the role play, discuss and report your feelings and needs, considering that your son will be placed with the Smith family.

Group 3 - Imagine that you are Mark. After observing the role play, discuss and report your feelings and needs, considering that you will soon be living with the Smiths.

Group 4 - Imagine that you are the county caseworker who will be supervising Mark's placement in the Smith family. After observing the role play, discuss and report your feelings, concerns, and the expectations of the Smith family.

Additional Group

Group 5 - After observing the role play, discuss and report your assessment of this foster care placement, considering all perspectives.

Handout 2.

Leonard Case

Mark, age 11, was referred to the local Department of Social Services Children's Unit by St. Francis Children's Hospital. St. Francis Hospital Social Services requested placement in a residential treatment facility following Mark's discharge from the hospital. Mark had been hospitalized three months with a minor bladder condition. During this time he had two visits from his natural parents and there were several questions regarding the family's ability to provide for his emotional and physical needs. Mark's mother requested residential placement because she cannot care for him at home.

The Department of Social Services consulted with the clinical staff of St. Francis and a referral was made to a local residential treatment facility. The diagnostic treatment team of the residential school concluded Mark was not an appropriate referral and should be returned to his parents or placed in foster care.

Family Background

Mark is the oldest of four children; there are three girls aged 8, 6, and 4. His parents, Mr. and Mrs. Ray Leonard, are divorced and the girls presently live with their mother in a trailer park. Mr. Leonard, age 36, is employed by the telephone company and contributes to the support of his family. Mrs. Sally Leonard, age 34, works part-time as a waitress and receives supplemental assistance from the local Department of Social Services.

Mr. and Mrs. Leonard were married when she was three months pregnant with Mark. After frequent marital separations, their divorce became final one year ago. The Leonards have stated that many of their arguments were about the physical care of Mark, because he would frequently urinate in his clothes. Mrs. Leonard states that following the last marital separation, Mark became difficult to control. He was always fighting with his sisters, frequently came home from school with wet pants, and sometimes refused to go to school. In school he had difficulty getting along with the other children and refused to participate in class. Mrs. Leonard does not feel she can control Mark at the expense of the other children. Mr. Leonard admitted he visits the children sporadically and has not been directly involved with the care and responsibility for them. Mr. Leonard lives several miles from his family in a two-and-a-half room apartment. He does not feel he can work and take full responsibility for his son. Homemaker services where suggested as a possibility to assist him in maintaining a home for his son, but Mr. Leonard does not feel he can assume responsibility for Mark at this time.

Mark

Mark is a chubby, handsome boy who spends much of his time alone building models. He was hospitalized for three months and had corrective bladder surgery. During his hospitalization he had difficulty caring for his physical needs initially and would frequently urinate in his clothing. Mark is taking greater interest in himself, and his staff physician states he is ready to be discharged. Mark has been seeing a staff psychologist for individual therapy for the past two months; psychological testing indicates he is of average intelligence. During his hospitalization he attended school on the grounds of St. Francis and his adjustment has been satisfactory. The school has recommended he continue attending on an out-patient basis until the close of the school year. This recommendation was based on his satisfactory progress and the need for some stability in his life.

Mark's father has visited him regularly for the past three weeks. Mr. Leonard has had two appointments with the staff psychologist, thus indicating his concern for Mark. Mrs. Leonard refuses to become involved with plans for Mark other than residential treatment.

Small Group Task: You, the caseworker, are going to a planning conference. Prepare at least one short-term, one intermediate, and one long-term goal for the Leonard case. Short-term goals are those that can be attained within three months; intermediate goals are those that can be attained within six months; and long-term goals are those that can be attained within one year.

Along with the goals, suggest methods for attaining those goals. The methods need to be specifically defined, that is, which member of the team will take responsibility.

Example:

Short-term goal	Method
Mark will adjust to the Smith's foster home	Foster family - support Foster parents - life-space

Handout 3.

Therapeutic Skills for Foster Parenting

I. Role Modeling - Conscious use of one's self to provide a specific image for the child

   A. Providing a male or female image for the child who has lacked a good model
   B. Displaying emotions such as anger, frustration, love, etc., in ways that are more appropriate than those used by the child

II. Programming - Establishing structure and routines that will reduce the ambiguities of being in a new family situation

   A. Setting specific times for the child to do household chores
   B. Setting specific bedtimes, mealtimes, etc.
   C. Giving the child chores or projects to do that he or she is capable of completing
   D. Involving the child in family recreational activities in which he or she can succeed

III. Life-Space Interviewing - Taking the child aside to discuss problem behavior when and where it occurs. The process of life-space involves six basic steps.

   A. Isolating the child from the problem situation
   B. Hearing the child's view of what happened
   C. Exploring alternative views of what happened
   D. Helping develop insight about how the incident fits into the child's pattern of behavior
   E. Developing alternate (more acceptable) behavior for the child's self-expression
   F. Reintegrating the child into the activity he or she was previously involved in

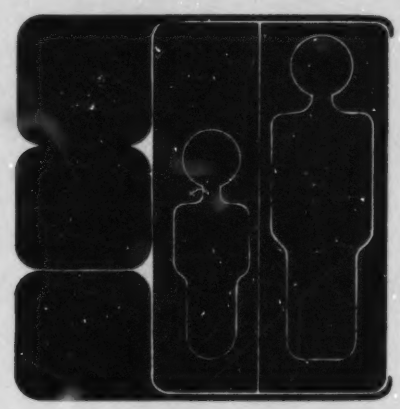
IV. Observing/Communicating - Keeping records of any information that needs to be communicated to either the child, the natural family, or the caseworker

   A. Child's developmental level
   B. Accomplishments and progress toward treatment goals
   C. Adjustment to separation
   D. Problem behavior
   E. Status within sibling group (leadership, isolate, or follower qualities)
   F. General health of child

The importance of the therapeutic nature of foster parenting is emphasized in the following quotation which applies to any person with the potential to greatly influence a child's life.

"As a teacher, I possess tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal. In all situations it is my response that decides whether a crisis will be escalated or de-escalated, and a child humanized or dehumanized." (Haim Ginnoit, Teacher and Child)

Training Foster Families



TRAINING FOSTER FAMILIES

Rationale

During the 1978-79 contract year, the Child and Family Services Training Unit established role-specific training for New York State Department of Social Services foster care workers. In the fall of 1978, a questionnaire was sent to foster care units within the county departments of social service, requesting specific information regarding foster care. One consistent response was the need for instruction in how to train foster families.

Foster parents in particular, and foster families in general, have an extremely important role in the nurturance and treatment of foster children. As a result, the foster care system has great expectations of these foster families. Understanding foster children and their special needs leads to the conclusion that a great deal of expertise is required of foster parents. Certainly, foster parents need strong support in order to meet the demands that will be made of them. Foster families need clear vehicles by which they can be incorporated and supported in the foster care system. Training and support groups are two such vehicles.

These vehicles not only provide foster families with support and education; they also provide foster care workers and foster families with specific knowledge and mutual understanding about foster families that can allow for better "matching" or placement decisions. Matching is a process through which the strengths and liabilities of foster families are realistically assessed. In theory, at least, a foster family can then be matched with a particular child's needs. Thus, the "matched" placement of a foster child can best serve that particular child.

Foster care workers must be clear about foster families' training needs. Each foster family has a different level of experience. Foster care workers must be able to distinguish these levels in order to present training that will match foster family groups with potential training issues and resources.

Purpose

Thus, the purpose of this module is

1. To help foster care workers understand the need for support and education of foster families through training

2. To help foster care workers become more aware that a training program represents a sound and economic approach to preparing potential applicants for the responsibilities of foster parenting

3. To help foster care workers understand that training foster families can provide the workers, as well as the foster families, with information that can lead to more appropriate matching

4. To assist foster care workers establish training groups appropriate to the experience level of the trainees

5. To provide a set of materials and techniques that foster workers can use as a basis for formulating their own training programs

6. To help foster care workers realize that an after placement support system can be established among the participants in a training program

7. To help foster care workers realize more clearly that a training program is a sound format for presenting foster care as a collaborative effort

Of course, training foster families is not the only area of concern in foster care. There are a number of generic casework issues that are basic to foster care, such as case management. There are also role-specific areas, such as understanding natural families, preplacement issues, and termination issues that are covered in this curriculum. This module is intended for use in series with the other modules, though it could be used separately.

Behavioral Objectives

After participating in this training session, foster care workers will be able to

- identify important reasons for training foster families
- select potential training issues and resources for foster family training groups at different levels of experience
- describe training techniques that can be used in conveying important foster care issues to foster families
- recognize the importance of foster family support groups

Behavioral Change

After participating in this training session, the foster care workers

- will plan/support training programs for foster families
- will actively promote foster parent support groups

Session Outline

Time: 3 - 3½ hours

Space: The location depends upon the number of participants. However, one large room is needed.

Equipment: Flip chart and stand
Felt tip pens

Materials: Handouts - A Family Inventory
A Family Profile
Audiovisual Training Aids
Training Techniques and Suggested Topics

I. Introduction 10 minutes

The trainer introduces the topic and shares the purposes and goals of the session with the participants. The following is a suggested introductory statement.

Few, if any, in the field of foster care would disagree with the assessment that foster parenting is a very complex arrangement. Foster parents, in many instances, are asked to deal with a "problem" child (or "problem" children), an agency, the community, natural parents, and their own family. Relationships of this nature often call for a great deal of skill, strength, patience, and endurance.

The foster parent is expected to serve as a nurturing person and a treatment person, to serve as a model for the natural parents, and to be cooperative with the agency. Although some foster parents seem to take to their role quite naturally, there are others who find that their caretaking responsibilities become too strenuous, if not overwhelming.

It would be pretentious to claim that a training program will solve all the problems mentioned above. However, it is legitimate to assume that when training is geared to preparedness it will, by and large, eventuate in more effective foster parenting. In this context, the term "training" refers primarily to adult education. A training program of this kind is aimed at implementing the following objectives:

- helping foster families understand the special needs of foster children

- helping foster families become more keenly aware of how their own background influences their caretaking approaches and attitudes

- helping foster families understand that collaboration with foster care workers is essential

- helping foster families become thoroughly acquainted with agency regulations and policies

- providing a climate of supportiveness

The content of each training session needs to be a combination of explanations, experiential exercises, and group discussion based on the theory that adults are able to clarify the role of foster parenting more readily when material is related to felt needs and real problems.

II. Fantasy Trip 15 minutes

In order to put the participants into a receptive frame of mind, the trainer explains that he or she is going to take them on a fantasy trip. The trainer suggests that the participants sit back and relax; close their eyes, if they wish. The participants are asked to think of someone very close to them - someone, perhaps, with whom they live. If they are not living with anyone currently, they are asked to think about some loved one and imagine that they are living together. The trainer then describes the fantasy.

III. Processing Fantasy Trip 20 minutes

The trainer gives the participants a few minutes to pull themselves back into the group after the fantasy trip. The trainer asks the following questions and collects the answers on a flip chart.

1. How do you feel?

2. What do you want to say/do to your loved one?

3. What feelings did you have at different times during the fantasy? At the beginning? While you were away? When you returned home?

The trainer needs to process the following points:

- The fantasy trip was used to help participants gain some empathy for a person being placed

away from home. Thus, the trip helps to develop a better understanding of foster children.

- This trip, as well as the rest of the material in this session, can be used in the training of foster families.

- From the fantasy, participants can conclude that foster children need very special parenting.

- Foster parents need to be special.

- A great deal of awareness and expertise is required of foster parents.

- Foster parents and families need support and education in order to commit themselves to foster care.

- Foster care workers need to be committed to foster families. Two ways of demonstrating such commitment are through training and support groups.

- Training and support groups can also provide foster care workers and families with important information that leads to more appropriate placement decisions.

IV. Transition Statement 5 minutes

The trainer can make the following transitional statement: Already, today, we have established the significance of training. It is important as a supportive and educational tool for foster families and for us. A basic principle, of course, is that training be presented as a mutual effort, a mutual assessment, and a mutual learning opportunity.

It's important for us to understand that when people first come to the office to apply as foster parents they are generally pretty frightened and anxious. If they aren't scared when they first come in, we sometimes manage to induce or generate some form of anxiety or frustration within them. Not only must these potential foster parents reveal something about their motivation, but they must also reveal something about their background, their life-style, and perhaps, most difficult of all, something about their parental qualifications. That's not a very common experience these days. Almost anybody who meets the physical qualifications can become

a parent - committed or not. So the process of family assessment can engenger a variety of reactions.

In view of all this, I would like to tell you an imaginary story. It's imaginary in the sense that the specific details may not be familiar to you. I'd like you to use your imagination to free yourselves of any remembered burdens, policies, crises that you may have experienced with foster parents. Simply relax, listen, and react on an experiential level and I'll tell you a story about Gulliver and Josephine. Later, I'll ask for your reactions.

V. Narrative: An Imaginary Couple — 10 minutes

VI. Processing Narrative — 20 minutes

The trainer may want to simply pause at the end of the story to give participants a few moments to collect their own reactions. It is recommended that the trainer ask the following question:

- If you were the worker who was about to meet Gulliver and Josephine, what are some important attitudinal issues that you need to be aware of?

The trainer makes the following points during the process:

1. Foster families experience natural feelings of anxiety when they apply.

2. The initial application and training of a foster family involves the foster care worker's assessment of the family's parenting qualifications. This can mean probing into deeply human areas.

3. Both foster care workers and potential foster families need to look for strengths as well as liabilities during the assessment process.

4. Thus, there must be a collaborative effort. Foster families must know that the process is a mutual exploration and learning opportunity in order that both the worker and the family reach the most responsible, beneficial decision. The trainer can encourage discussion.

VII. Description of Steps in Foster Family Training — 15 minutes

The trainer then focuses on steps in the process of training foster families. The trainer can state the following: Now, let's look specifically at foster family training. Very basically, training can be viewed as a process composed of several steps. (Trainer writes steps on flip chart.)

Training Steps

1. Orientation
2. Home Study
3. Preplacement Training
4. Continued Training
5. Support Groups

The trainer asks the participants whether they understand or are familiar with the steps. Some definitions or discussion may follow. It is suggested that the trainer make a statement about orientation.

Orientation can mean different things. Generally, though, orientation is an educative process for new staff to become familiar with the structure of an organization, including its policies and procedures. It is questionable whether foster families could use orientation as the first step. Above anything else, foster families need to know what they are getting into so they can make a firm commitment to foster care. Thus, it is the home study and/or preplacement training that can help educate foster families about the kind of commitment they need to make. Formal orientation can occur throughout the entire training process. Detailed information regarding such issues as policy and procedure may overwhelm foster family applicants if it is given too soon.

VIII. Home Studies — 10 minutes

The trainer suggests that the participants focus on home studies. The trainer has the group count off by fours. Each group is asked to list qualities they look for in foster families.

Process

Each group reports back. Qualities are listed on a flip chart. (10 minutes)

The trainer then asks the group: How do you know the applicant foster families have the qualities you are looking for? Each group could discuss this and report back, or responses from the group at large can be collected on a flip chart. (10 minutes)

IX. Sample Lecture/Discussion — 20 minutes

X. Preplacement Training, Continued Training, and Support Groups — 55 minutes

The trainer suggests that participants direct the use of the session on preplacement training, continued training, and support groups. The participants are asked to reconvene in their small groups and discuss the following questions:

1. What are you/your county agencies doing in regard to preplacement training, continued training, and support groups?

2. What techniques are being used in training?

The trainer collects and processes the participants' responses.

The groups are then asked: What training would you like to see implemented? The trainer collects and processes the participants' responses. The trainer then distributes the handouts, "Audiovisual Training Aids" and "Training Techniques and Suggested Topics."

XI. Summary Statement — 5 minutes

The following is a suggested summary statement: When you set up training and support groups, everything depends on the level of experience of foster families. For example, foster families who have just applied, may need a brief philosophical orientation as well as training in general foster care issues such as loss and separation. They need this kind of training in order to make a commitment. Approved foster families, on the other hand, may need more detailed orientation. Experienced foster families may be your best resource for training inexperienced foster families. Continued training for experienced foster families, though, is also essential. They, themselves, may have many suggestions regarding training areas and needs.

Fantasy Trip

I'm going to take you on a fantasy trip. I would like you to sit back and relax. Think of someone very close to you . . . someone, maybe, with whom you live. Even if you don't live with somebody right now, I'd like you to think about some loved one and imagine that you are living together. Close your eyes, if you want to.

[Pause] I'm going to ask you not to respond until the end.

One day your loved one announces that he or she has a very special mission for you to carry out. Your companion hands you an envelope and explains that written instructions are contained inside. These instructions are to be read when you arrive at your destination. Your loved one walks you to a taxi, speaks quietly to the driver, closes the door for you, and walks to the house without looking back.

You assume that you're being taken to the shopping center and that you are to acquire several items for your loved one that need to be explained in writing.

As you ride along in the taxi, you begin to notice the streets and signs and trees and landscape are becoming unfamiliar, completely unrecognizable.

Finally you pull up in front of a building that you've never seen before. The taxi stops at a large entrance. A couple opens the door, whispers something to the driver, and escorts you inside. Walking down the corridor, you suddenly remember the envelope. You fish in your pocket, and tear it open, only to find a blank piece of paper.

You are brought to a room, and told to make yourself at home because you will need to remain there for a period of time.

After being there a few days, you ask to see your loved one, but no immediate answer is given to you. Two days later you are told that your loved one has been detained by important business out of town and won't be able to visit you for a few weeks.

The few weeks turn into a month, and still no personal word or visit. Then, you get a card with a message which reads, "Coming next week, Love . . ."

Three weeks pass, and still you haven't seen your loved one. Then one day at lunch, an attendant leans over to announce to you, "Your loved one is in the waiting room." What goes through your mind at this point?

But you don't get to see your loved one, and the only reason you get from the attendant is, "We thought this would be better for you."

Days turn into weeks and you keep hearing things like, "This is bedtime; wash your face and hands, brush your teeth, don't drink any water. Lights go out in fifteen minutes."

At other times you hear things such as, "You have got to learn to get along better with others. Mix in more, don't be going off by yourself so often. Maybe when you stop your crying spells, you can go home."

The weeks turn into months, fifteen months in all.

One morning, as you are marching in line to breakfast, an attendant motions to you and says, "After you have eaten, you can pack your belongings. In one hour, you are going home."

You can hardly concentrate on eating your breakfast. Later, you go to your room and pack. The attendant knocks on your door and asks if you're ready to leave. He walks you to a taxi. As you're getting into the taxi, the attendant says, "Goodbye and good luck." He leans toward the driver and says something to him.

As you drive along, you begin to recognize some old familiar streets and scenery. The driver pulls up to your home. For a moment, you hesitate. Then you get out of the cab and walk up your front path to the door. The front door opens and a neighbor is standing there. There are a number of people who together yell, "Welcome home!" You see your loved one walking toward you with open arms. . .

An Imaginary Couple

Gulliver had, for one of the few times in his life, begun to experience what he thought must be a state of euphoria. It all started with a "chance meeting" at an art show; that's where he met Josephine. A casual conversation led to their first date, and from that point on both acknowledged theirs was fast becoming an extraordinary, unique relationship. The more they saw of one another, the more painful it became not to be in one another's company. They described their experience as a harmonious combination of joyfulness, relaxation, freedom, intensity, recognition, and being esteemed. Indeed, it felt as if they shared to some extent in a euphoric state. And indeed it reached the point where marriage appeared to be the most likely, the most logical step. Both agreed. Next, they would invite their families and their acquaintances to share the news of their plans, their world of promise and enchantment.

It was introduction time. Gulliver decided to approach his parents, figuring they would be glad to discover the reason for his newfound happiness. That night, Mom and Dad were watching TV. Dad stood, smiled, and seemed generally satisfied, although the smile seemed to fade rather quickly. After a few minutes of polite conversation, Pop sank deeper into his chair and became more absorbed in the program he was watching. Mom was more talkative, but Gulliver could tell it was a forced politeness. Later, behind the semi-privacy of a closed kitchen door, mother blurted our, "Son, I'm sure you felt sorry for a girl like that, but you can't possibly marry her. Look at her! She wears a patch over one eye." Gulliver responded feebly, after he had recovered from this unexpected reception, "Yeah, but she has sight in the other eye - and she is nice." Mother stormed off, "You don't even know what you are going see under that eye patch!"

On that particular night, Gulliver and Josephine's state of euphoria was slightly deflated. Then, came the night when Josephine introduced Gulliver to her parents. Things went slightly better, but Josephine overheard her father remark somewhat mightly, "He must work in some kind of factory. He should have had enough respect to wear a suit and tie instead of just a sweater he slept in the night before and those dungarees. He'll never make enough money to provide what Josephine needs and deserves." Their whole world of enchantment was grandually being invaded by clouds and shadows.

Ah - but friends would surely be more supportive, more enthused!

Then, one of Josephine's buddies - the kind who claims he always likes to put the cards on the table for your own good - told Josephine, "Gee, I hope you know what you're doing. Your social

life isn't going to be very full. What's his name limps pretty badly; he can't dance and forget bowling. He'll be a drag."

Gulliver overheard one of his beer pals whisper, "One of her arms is shorter than the other; it's kind of limp and shriveled. I wouldn't want to live with someone who is partially crippled; she can only hug with one arm."

There were a lot of things Gulliver and Josephine wanted to say back, things like, how come we have noticed so much about what is present and others see only what is absent. But they refrained; they began to think it wouldn't make much difference.

Now, two years after their marriage, Gulliver and Josephine have mutually decided to inquire about foster care. A lot of things have changed in the last two years - a lot of things. But they feel that they have something to give a child. As they drive up to the scattered array of buildings, it looks like a big operation.

They wonder how many people have already applied to be foster parents. Wonder what others will want to know. Wonder what others will look for. Wonder if the agency is more interested in what is absent or whether they can perceive what is present.

Sample Lecture/Discussion

There are many common qualities that we look for in foster families (the trainer needs to relate this to specific qualities mentioned by the participants) and there are a number of methods or tools that we can use in a home study to explore these qualities with potential foster families. (Again, the trainer needs to include tools or techniques that participants have suggested.)

Obviously, there is no one simple tool that can help us discover all we need to know about foster families. But, generally, we are looking to see if foster families have particular qualities or values in concert with our county's (agency's) philosophy. Take, for example, physical discipline. It is our value, by law, that there is to be no physical discipline used with foster children.

Trainer writes the following on a flip chart:

1. Value	No Physical Discipline	Should

You may, through a home study interview, discuss this with a particular foster family. Let's call this family, family A. Mr. and Mrs. A might tell you that they do not think physical discipline is an appropriate way to deal with children. So, everyone agrees on this value.

But besides verbal agreement about this value, you need to find out more - a lot more. You need to know what Mr. and Mrs. A actually practice.

Trainer adds the following to the flip chart:

2. Practice	re: Physical Discipline	Do

Perhaps you find out that, in reality, the As have used physical discipline occasionally with their own children. So, immediately, you have discovered a conflict between value and practice. But, you still need to know more. You need to know what relationships or environmental situations have hindered the As in following through on their value.

Trainer adds the following to the flip chart:

3. Support/Lack of Support	re: Physical Discipline	Help/Hinder

Perhaps, with further exploration, you discover that Mr. A is the physical disciplinarian and Mrs. A clearly disagrees with this practice. Thus far, you can draw several conclusions.

- Mr. and Mrs. A agree that physical discipline should not be used with children.
- Mr. A does use physical discipline with his children.
- Mrs. A does not support her husband's practice of physical discipline.

But you still need to know more. The conflict in this case is with Mr. A; Mrs. A is consistent in practice and in support of her value. You need to know what Mr. A feels is appropriate, ideally, regarding physical discipline.

Trainer adds the following to the flip chart:

4.	Idealization	re: Physical Discipline	Wish

You may discover that Mr. A wishes that he did not use physical discipline. So there is some motivation to change from within Mr. A. There is a possibility that, with alternatives and support, Mr. A would be willing to change.

It is very important for you and the As to be consciously aware of potential conflicts, and of the possibility of dealing with these conflicts - changing or modifying, in this case, Mr. A's practice.

Perhaps, by focusing on other values, we can resolve Mr. A's conflict. Let's take a likely example - expression of anger.

A basic social work value is that feelings should be expressed in appropriate ways. Anger can be expressed verbally. During the home study, you might ask the As whether they agree that anger needs to be expressed verbally. Let's say the As agree.

Trainer adds the following to the flip chart:

1.	Value	Verbal Expression of Anger	Should

In practice, Mrs. A has the capacity to verbalize her anger but Mr. A keeps his angry feelings to himself. Mr. A explains that when he's angry he has to go for a walk or do some physical exercise to vent his anger.

Trainer adds the following to the flip chart:

2. Practice	re: Verbal Expression of Anger	Do
	Mrs. A - verbal	
	Mr. A - physical	

Through discussion, Mrs. A tells you that she always had permission to express her anger, even as a child, whereas Mr. A explains that anger was a "bad" feeling in his family. When he was angry he would be sent outside to use up his energies.

Trainer adds the following to the flip chart:

3. Support/Lack of Support	re: Verbal Expression of Anger	Help/Hinder
	Mrs. A - helped by past family relationships	Helped
	Mr. A - hindered by past family relationships	Hindered

Yet Mr. A, as well as Mrs. A, wishes that he could verbally let his anger out.

Trainer adds the following to the flip chart:

4. Idealization	re: Verbal Expression of Anger	Wish
	Mr. & Mrs. A - Both ideally prefer verbal expression of anger	

So you have discovered, here, that Mr. A needs more support and permission for his verbal expression of anger.

All of these issues are a part of the assessment and training process involved in the home study. One tool to assist us in this kind of exploration is a questionnaire that focuses on the four areas that I have suggested: values, or shoulds; practice, or what foster families actually do; support or lack of support that helps or hinders; and idealization, or willingness to change if there is conflict.

Handout 1, entitled "A Family Inventory," is a questionnaire dealing with these areas of value, practice, support, and idealization. This handout gives some concrete examples. Your own county (agency) staff could create a questionnaire, using this one as an outline, that could be used to begin the assessment process. It could also be utilized as part of the training process. A questionnaire such as this has many advantages.

1. It's economical as far as time is concerned.

2. Since each county/agency can create its own questionnaire, it could help to clarify the agency's values regarding foster families.

3. It can be very helpful to foster families by expanding self-awareness. However, a few cautionary comments need to be made. This cannot be used as a test. It is meant as a technique for mutual assessment. There are no right or wrong answers. This type of questionnaire, like any other tool or instrument, has to be used within the context of a relationship.

(Trainer needs to give participants time to review "The Family Inventory" and can, then, encourage discussion.)

Alternative Strategy

There are many possible variations for this session on training foster families. However, the behavioral objectives must be understood and achieved. The trainer could substitute a lecture on "A Family Profile" (Handout 2) in place of the one on "A Family Inventory" and still meet the objectives. The following is a suggested summary.

Almost any search for the ideal foster family home study will necessarily involve an element of elusiveness. Few studies measure up to everyone's standards. A central issue for some critics is that while a certain percentage of studies present an extensive narration they contain little that is relevant to foster parenting. Other critics contend that far too many are contaminated by the bias of the homefinder.

One of the greatest difficulties is due to a human tendency to expect more from home studies than they can produce. When, for example, all the information about a prospective foster family is obtained strictly through interviews, there are build-in limitations as to what we can learn. No matter how skilled, the interviewer is largely dependent on what interviewees choose to reveal about themselves. Some are intimidated, some are relunctant, some will put only their best foot forward. The home study, in this context, is viewed primarily as an investigative process. This usually

means that greater emphasis is placed on ascertaining whether applicants have, or do not have, the qualifications for foster parenting as we perceive them.

In the approach presented in this module, greater emphasis is placed on the home study as a preparatory process. The theory is that when applicants become more fully aware of what is involved in foster parenting they (the applicants) will be better prepared to decide whether or not to become foster parents. Thus, it becomes incumbent upon the foster care worker to educate applicants regarding the nature of foster care involvement. To be employed effectively, the following points need to be implemented:

- The family profile should be used as an instrument to further explore the assets and liabilities of a particular family as they relate to future placement.

- The profile should be used in conjunction with a training program.

- Indicators of vulnerability should be shared with the applicant.

The trainer needs to give participants time to review "A Family Profile." Then, the trainer can encourage discussion in a large group or ask the participants to brainstorm/critique the family profile.

Annotated Bibliography

Foster Parent Education Program. Seventeen Course Outlines for Foster Parent Training. Ypsilanti, Mich.: Institute for the Study of Children and Families, Eastern Michigan University.

Each outline addresses an area of fostering - parenting children at different developmental stages, managing specific types of problematic behaviors, working with professionals and natural families, legal aspects of fostering - and consists of general objectives, specific goals, important discussion topics, suggested activities, and a bibliography. Instructor's manuals and student workbooks for individual courses are also available. Project workbooks have been translated into French and Spanish.

Foster Parent Education Resources Project. Course outlines and training materials. Manhattan, Kans.: Department of Family and Child Development, Kansas State University.

Teamwork is the primary focus of the project. Course outlines and training materials related to developing a team approach to foster care case management are designed for joint training of social workers and foster parents. For information contact Pamela C. Marr, Department of Family and Child Development, 143 Justin Hall, Kansas State University, Manhattan, Kansas 66506.

Hansen, Ann H.; Chase, Evelyn R.; and Wahab, Alia A., eds. Meeting Community Needs: A Training Manual. Albany, N.Y.: Continuing Education Program, School of Social Welfare, State University of New York at Albany, 1979.

This document was provided by a grant of the Higher Education Act of 1965, administered by the New York State Education Department. It provides a fine overview and outline for a training program regarding basic skills for foster parents. The training was developed from the Child Welfare League's Introduction to Foster Parenting and Foster Parenting an Adolescent curricula. Some of this material could be adapted for a training program for foster care workers.

Heinritz, Gretchen, and Freg, Louise A., eds. Foster Care: How to Develop an Educational Program for Staff or Foster Parents. Boston: Boston University, School of Social Work, Division of Continuing Education, 1975.

This book encompasses basic content for training of foster care workers and foster parents. The content clearly focuses on issues related to family foster care.

Institute of Social Services to Families. Pre-Service Foster Parent Training Manual. Fort Lauderdale, Fla.: Nova University.

This manual provides a framework for introducing new foster parents to the foster care system. Organized into six sessions, the material is intended to cover a number of basic issues: motivation to become foster parents; roles of foster care participants - the social worker, natural family, and foster family; the impact of placement upon the foster family and upon the child; and guidelines for working with children and their biological families.

The manual is available as part of a total training package, which includes consultation with the institute.

Special Adoption Training Guide, The. Albany, N.Y.: Regional Adoption Training Program, Parsons Child and Family Center in conjunction with Continuing Education Program, School of Social Welfare, State University of New York at Albany, 1980.

This document is designed for adoption workers and provides suggestions and guidelines for dealing with some of the special difficulties encountered in moving older, special, and handicapped children into adoptive homes. Many of the difficult issues involved in special adoptions run parallel to the difficult issues of foster care. The theme of permanency planning is applicable to both adoption and foster care. There are many important planning and implementation ideas that are useful to foster care.

Handout 1.

A Family Inventory

This questionnaire is presented as a partial sample which can, hopefully, prove useful in exploring some areas of a family system. But, the following cautions are in order:

- there is no simple instrument that can do all we would like it to do
- there is no substitute for personal relationships
- this is not a test

Since the sample is only partial, there are, no doubt, several other relevant topics that can and should be included. This might serve as a basic model for greater creativity and ingenuity on the part of individuals or groups.

There are four areas this questionnaire is trying to investigate: values, how we apply or practice those values in given situations, the support we do or do not receive, and idealization, or what we wish we did.

(Questions 1-8)

1. Values - refers, theoretically, to how we internally invest meaning in some actions or beliefs deemed important for the welfare of family life.

(Questions 9-17)

2. Practice - although we might hold a particular belief in high esteem, there is, at times, discrepancy between our values and practices. That is only human, but it can be guilt-producing; the realization of such can make us defensive. When there is an element of inflexibility on the part of the respondent, it becomes plausible that we have uncovered a "trouble spot" for certain future placements.

(Questions 18-26)

3. Support - refers to the kind of support system one can expect in given situations, as well as areas of disagreement. How such conflicts are managed is far more important than the disagreements themselves.

(Question 27)

4. Ideals - refers to "wishful thinking" or idealization. Again, how one comes to realistic terms with ideals is more crucial than the ideals themselves.

If a questionnaire of this type is used, prospective foster parents should be fully informed that their honest answers will not be used against them. This is only one way of getting to know them better. Any questions on the part of the worker will be fully discussed with the applicants.

A Family Inventory

1. Physically disciplining a child is

   _____ extremely important
   _____ very important
   _____ somewhat important
   _____ not important

2. The relationship between a child and his/her parent(s) is

   _____ extremely important
   _____ very important
   _____ somewhat important
   _____ not important

3. Children getting good grades in school is

   _____ extremely important
   _____ very important
   _____ somewhat important
   _____ not important

4. Doing things together as a family is

   _____ extremely important
   _____ very important
   _____ somewhat important
   _____ not important

5. That neighbors think well of us as a family is

   _____ extremely important
   _____ very important
   _____ somewhat important
   _____ not important

6. Helping a child return to his/her family is

   _____ extremely important
   _____ very important
   _____ somewhat important
   _____ not important

7. The relationship between myself, as a foster parent, and the county worker (agency worker) is

   _____ extremely important
   _____ very important
   _____ somewhat important
   _____ not important

8. Giving children time to adjust to a new family situation is

   _____ extremely important
   _____ very important
   _____ somewhat important
   _____ not important

9. Working to help a child maintain some self-discipline by praising and rewarding the child is something I do

   _____ always
   _____ often
   _____ occasionally
   _____ rarely
   _____ never

10. Working to help a child maintain some discipline by physically disciplining a child is something I do

_____ always _____ occasionally _____ never
_____ often _____ rarely

11. Working to help a child return to his/her family is something I have done

_____ always _____ occasionally _____ never
_____ often _____ rarely

12. So that children do well in school, I insist that they do homework/study

_____ always _____ occasionally _____ never
_____ often _____ rarely

13. As a family, we play and/or go places together

_____ always _____ occasionally _____ never
_____ often _____ rarely

14. I am friendly with my neighbors

_____ always _____ occasionally _____ never
_____ often _____ rarely

15. Keeping open communication with my children is something I work at

_____ always _____ occasionally _____ never
_____ often _____ rarely

16. In other work experiences, open communication between myself and others is something I work(ed) at

_____ always _____ occasionally _____ never
_____ often _____ rarely

17. Helping my children adjust to new situations is something I work at

_____ always _____ occasionally _____ never
_____ often _____ rarely

18. Working to help a child maintain some self-discipline by praising and rewarding the child is something my partner does

_____ always _____ occasionally _____ never
_____ often _____ rarely

19. Working to help a child maintain some discipline by physically disciplining a child is something my partner does

_____ always _____ occasionally _____ never
_____ often _____ rarely

20. My partner (family) insists that a foster child return to his/her family

_____ always _____ occasionally _____ never
_____ often _____ rarely

21. So that children do well in school, my partner and/or I help them with their homework/studies

_____ always _____ occasionally _____ never
_____ often _____ rarely

22. My children share their concerns with me and/or my partner

_____ always _____ occasionally _____ never
_____ often _____ rarely

23. My partner is friendly with the neighbors

_____ always _____ occasionally _____ never
_____ often _____ rarely

24. Keeping open communication with the children is something my partner works at

_____ always _____ occasionally _____ never
_____ often _____ rarely

25. My partner works to keep open communication with other workers (colleagues)

_____ always _____ occasionally _____ never
_____ often _____ rarely

26. My partner helps the children adjust to new situations

_____ always _____ occasionally _____ never
_____ often _____ rarely

27. If things could be different, perhaps I would make the following changes

a.	physically disciplining children	___ stricter ___ about the same ___ less strict
b.	praising children's positive behavior	___ be more attentive ___ remain about the same ___ be less attentive
c.	returning foster children to their own families	___ be more involved ___ about the same ___ be less involved
d.	children's work at school	___ be more demanding ___ remain about the same ___ be less demanding
e.	doing things together as a family	___ spend more time together ___ remain about the same ___ spend less time together
f.	neighbors or community	___ be more involved ___ about the same ___ be less involved
g.	relationship with children	___ be more involved ___ about the same ___ be less involved
h.	work relationships	___ be more involved ___ about the same ___ be less involved
i.	children's adjustments to new situations	___ be more involved ___ about the same ___ be less involved

Handout 2.

A Family Profile

1. Name _____
last first middle

Street _____

City/Town _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

Presently Married _____ Single _____

Date of Last Marriage _____

Names of Children	Age	Year of School

Occupation(s):

Number of Years Employed:
Working Hours:

Ordinarily I do _____ do not _____ work on weekends.
Ordinarily I am _____ am not _____ home during weekday evenings.

2. Use three words to describe each child

Name _____:

Name _____:

Name _____:

Name _____:

Name _____:

3. The most satisfying part of my job is _____

_____

The least satisfying part of my job is _____

_____

4. I am friendly with most ____ many ____ a few ____ none ____ of my neighbors.

If I need help I can usually depend on a neighbor ____ a friend ____ a relative ____.

5. When I really get angry, what I usually do is _____

_____

When I get sad or "down in the dumps" what I usually do is

_____

Some of the things that make me happy are _____

_____

6. Two of the happiest things I remember about my teenage years are _____

_____

Two of the most unpleasant experiences I had as a teenager were

_____

_____

7. As an adult, two of the happiest experiences I have had are

_____

_____

As an adult, two of the greatest difficulties I have had to face are _____

_____

8. When I was growing up three rules (dos and/or don'ts) I had to obey were _____

_____

Bringing up children today I would probably change the following rules _____

_____

9. I have _____ older _____ younger sisters.

I have _____ older _____ younger brothers.

My father is living _____ deceased _____

My mother is living _____ deceased _____

I remain in frequent contact with the following members of my family _____

_____

10. The idea of exploring the possibilities of foster parenting first occurred to when _____

_____

One of the things I look forward to most as a prospective foster parent is _____

_____

One of the biggest worries I have about becoming a foster parent is _____

_____

The behavior problem in a child I would probably have the most trouble dealing with is _____

_____

Probably the three best qualities I would have as a foster parent are _____

_____

I would probably feel most comfortable in caring temporarily for a boy _____ or a girl _____ between the ages of _____

My spouse thinks that the responsibilities of foster parenting involve _____

_____

I have talked about foster parenting with _____ and he/she/they think _____

_____

I would probably find it most difficult to deal with a girl who

_____

I would probably find it most difficult to deal with a boy who

_____

The idea of having to deal with the natural parent(s) of a foster child makes me feel _____

_____

I'll probably want a foster child to call me _____

What I would like to understand most about foster parenting is

_____

_____

What I will probably find most difficult in my contacts with a foster care worker is _____

_____

On thing I would not want a foster care worker to do is _____

_____

As I think about foster parenting, the area I might need the most help in is _____

_____

For me, the most difficult part of asking for help is _____

_____

I would probably want to quit as a foster parent when _____

_____

If a foster child were giving me a terribly hard time I would probably _____

_____

A foster child probably thinks that his natural parents are _____

_____

When it comes time for a foster child to move from my home, the part I will have the most difficulty dealing with is _____

_____

A Family Profile: Explanation

Section 1: Informational in nature.

Section 2: Indicative of one's capacity to individualize children.

Section 3: Not every job is fulfilling, but if a person obtains no satisfaction from work, it is important to explore areas or outlets where he or she seeks to derive some kind of self-fulfillment.

Section 4: This section focuses on

a. the relationships a person has formed

b. how neighbors or community might react to a foster care placement

Section 5: People employ a variety of ways to handle their feelings of sadness, disappointment, frustration, etc. In this section we are concerned with the pattern to which a person resorts to manage these particular feelings. Since a foster parent must often serve as a model to help a foster child learn to express and manage feelings, this area deserves special attention.

Section 6: These questions are included so that we can find out more about

a. the impact certain experiences have had upon the applicant

b. whether the teens are recalled with a sense of balance or imbalance (totaly euphoric or sad)

c. how conflicts are resolved

d. whether these experiences help applicants understand teenagers

Section 7: The main concern here is to determine positive or negative attitudes towards a person's position in life.

Section 8: The question here is whether the applicant has weighed the values underlying the rules.

Section 9: In this section, a worker would want to discuss why contact with persons who are usually considered significant have been retained or discontinued.

Section 10: In this section, a worker would want to discuss values, assumptions, and possible "trouble spots" with the foster family applicants.

Handout 3.

Audiovisual Training Aids

1) Audio Visual Training Aids
NYS Department of Social Services
Office of Manpower Development
Forms and Publications Section
40 North Pearl Street
Albany, New York 12243

2) Child Welfare League of America
67 Irving Place
New York, New York 10003

3) New York University Film Library
26 Washington Place
New York, New York 10003

4) Parents' Magazine Film, Inc.
52 Vanderbuilt Avenue
New York, New York 10017

5) Pyramid Films
Box 1048
Santa Montica, California 90406

Handout 4.

Training Techniques and Suggested Topics

1. Preplacement Training

   a. fantasy trips

   b. vignettes re: specific problem behaviors

   c. family portraits: i.e., draw a picture of your family (trainer can discuss readjustment with foster child's placement)

   d. panels of experienced foster families to discuss discipline, biological children's reactions, what to call foster parents (Mom & Dad?), community problems, gratifications, etc.

   e. audiovisual materials: e.g., film, John, 17 months: 9 Days in a Residential Nursery. (N.Y.U. Film Library)

2. Continued Training

   a. guest speakers: psychiatrists, lawyers, school officials, etc.

   b. orientation issues: i.e., policies and procedures of agency

   c. other topics: permanency planning, adoption, issues re: working with natural families, cultural differences, specific foster parenting skills, topics of concern to group

3. Support Groups

   a. group process for peers and caseworkers to discuss interventive techniques, development of coping skills, boosting self-esteem

   b. group should provide its own agenda, usually sharing experiences

   c. worker needs to be prepared with a back-up agenda

Supervision of Foster Families

SUPERVISION OF FOSTER FAMILIES

Rationale

During the 1978-79 contract year, the Child and Family Services Training Unit established role-specific training for New York State Department of Social Services foster care workers. In the fall of 1978, a questionnaire was sent to foster care units within the county departments of social service requesting specific information regarding foster care. One consistent response was the desire for training to address foster parenting issues. Foster care workers asked for direction in assisting foster parents find the fine line between their personal and professional roles. Workers were interested in sharpening their skills in supporting foster parents.

One of the most essential responsibilities of a foster care worker is supervision of foster families. Foster families need a supportive, educative environment that will help them grow and develop as effective treatment and nurturing agents for the child or children in their care. The supervisory relationship between the foster care worker and the foster family serves to strengthen and expand foster families' skills. This relationship is most effective when foster care workers are aware of their own attitudes and values and therefore of their impact on interactions with the foster families they supervise. When foster families are treated in a collaborative way, "matching" (a basic tenent in foster care) can be successfully implemented in permanency planning for foster care children.

Purpose

Thus, the purpose of this module is three-fold.

1. To assist foster care workers become aware of their own attitudes regarding the foster families they supervise

2. To help foster care workers identify why supervision of foster families is necessary

3. To help foster care workers identify factors in the supervision of foster families that strengthen the matching process

Of course, the supervision of foster families is not the only area of concern in foster care. There are a number of generic casework issues that are basic to foster care, such as loss and separation issues. There are also role-specific areas, such as training

of foster families, preplacement issues, and termination issues that are also covered in this curriculum. This module is intended for use in series with the other modules, though it could be used separately.

Behavioral Objectives

After participating in this training session, foster care workers will be able to

- demonstrate awareness of their own attitudes and values concerning the foster families they supervise
- identify reasons that the supervision of foster families is necessary
- select appropriate foster families for the placement of children in foster care

Behavioral Change

After participating in this training session, the foster care workers

- will be more active in supervising foster parents (i.e., through more regular supportive contact with foster parents)
- will use the basic principles of supervision
- will utilize the "matching process" when placing children in foster care

Session Outline

Time: Approximately 3 hours

Space: The location depends upon the number of participants. However, one room is needed for the entire group and break-out rooms would be helpful for small group tasks.

Equipment: Flip chart and stand
Felt tip pens

Materials: Film - Can't You Understand What I'm Trying to Say?
Handouts - A Helping Relationship
Some Dos and Don'ts for Foster Parents
Specific Questions for Foster Parents
Tasks for Listening Groups
Bridging Exercise

I. Introduction 10 minutes

The trainer introduces the topic and shares the purposes and goals of the session with the participants.

II. Sample Lecture/Discussion: 20 minutes
Supervision of Foster Families

If this training session is used in sequence, and follows the session on training foster parents, a transitional statement is needed. The trainer should explain that there are a number of correlations between training and supervision. Both are formal vehicles we can use to build trust and supportive relationships with foster families. Among the elements essential to both training and supervision are: regular contact, clear expectations, give-and-take or collaborative relationships, and an educative and self-assessment atmosphere that encourages further growth and development. This sample lecture on supervision of foster parents relies heavily on Carl Rogers' material, particularly information adapted from "How Can I Create A Helping Relationship?" in On Becoming a Person.

III. Instructions for Dyad Exercise 5 minutes

After the lecture, the trainer needs to explain to the participants that an awareness of how they view foster parents is very important. Thus, the following exercise is an introspective one. Participants are asked to consider the ten ingredients that Carl Rogers suggests are essential in the helping relationship. Individually, the participants are asked to think of specific foster parents they supervise. They are asked to consider two extremes among these people - a foster parent or foster parents they really enjoy working with and a foster parent or couple they do not enjoy supervising. The trainer asks if everyone has at least one example of each type in mind. Using those two sets of individual foster parents, the participants are asked to break into pairs or dyads.

The trainer then passes out the handout entitled "A Helping Relationship" and assigns one set of questions from the handout to each pair. The trainer explains to the group at large that each set of questions contains two parts, "a" and "b." When the couple or dyad is working on the "a" question, both people are to concentrate on their example of the foster parent or parents they enjoy supervising.

Within each dyad, one person is to ask the other the "a" question at least five times. The idea is to force each participant to think seriously about the response rather than answer superficially. The person asking the question is to say nothing other than ask the question. The person responding to the question may elaborate as much as he or she wishes. After the first person answers the "a" question at least five times, that person may begin to ask the same question of the other person in the pair. Once again, the person asking the question does not make any other comments.

As each dyad goes on to the "b" question they are to consider the foster parent or parents they do not enjoy supervising. The instructions for the "b" questions are the same as for the "a" set.

It may be helpful for the trainer to demonstrate how each dyad is to proceed. If there are two trainers, they can use each other to show how the pairs are to operate. If there is only one trainer, a volunteer from the participant group can serve as the person asking the question of the trainer. The trainer can use a set of questions not on the handout, such as a) why do you like these foster parents? and b) why do you dislike these foster parents? The trainer can respond with a particular set of foster parents in mind.

The concept being demonstrated here is that when we first respond to such questions we give rather superficial answers; by the third or fourth time such questions are asked, we have to search more introspectively for answers. After giving an example, the trainer asks the participants if there are any questions.

IV. Dyad Exercise 15 minutes

The trainer then tells the participants they have fifteen minutes to work on this exercise.

V. Processing Dyad Exercise

The trainer processes the dyad assignment through large group discussion. Generally the following points need to be emphasized by the trainer:

1. These questions were adapted from questions/ elements that Carl Rogers suggests are essential to ask oneself if one is to provide a helping relationship.

2. In extreme cases, such as a foster parent or parents we truly enjoy or foster parent or parents we do not enjoy working with, these questions can be used as an assessment tool to understand the strengths and weaknesses of our supervisory relationship with foster parents.

3. The trainer needs to identify which of Rogers' ten ingredients of a helping relationship pertains to each of the questions. The following correlations must be made:

   Question 1a - "awareness of one's own feelings"

   Question 1b - "acceptance of one's own feelings"

   Question 2a - "freedom to express positive attitudes"

   Question 2b - "unconditional acceptance"

   Question 3a - "the supervisor's separateness"

   Question 3b - "the supervisee's separateness"

   Question 4a - "empathy"

   Question 4b - "becoming, or acknowledging potential"

   Question 5a - "the supervisor's sensitivity"

   Question 5b - "the responsibility for evaluation lying within the supervisee"

It is recommended that the processing of this exercise be done on a volunteer basis. The trainer needs to build safety into this exercise and ask for responses from anyone who wants to share what they have learned about their individual relationship with foster parents.

VI. Transition Statement 5 minutes

The trainer may note that it is clear that our own self-awareness regarding the supervision of foster parents is extremely important. However, there are a number of specific questions that often arise among caseworkers. By exploring some generic questions, the participant group can begin to identify reasons why supervision of foster parents is necessary. By discussing and explor-

ing specific questions, the group can gain more understanding about the process of matching foster homes to children who need placement. The trainer is encouraged to present an open lecture/discussion concerning some questions that frequently arise in foster care.

VII. Sample Lecture/Discussion: Other Issues 25 minutes

Much of this lecture/discussion was adapted from Foster Family Care by Charles R. Horejsi, D.S.W. It is suggested that two handouts, which are also taken from that book, be provided to the participants. The handouts are entitled "Some Dos and Don'ts for Foster Parents" and "Specific Questions for Foster Parents."

VIII. Introduction to Film 5 minutes

The trainer should give a brief introduction to the Child Welfare League of America film, Can't You Understand What I'm Trying to Say? explaining that it is part of a training package for adolescent foster parenting. The participants should be prepared for the heavy accents and possible difficulties in listening to the film. A brief background of the child, Marie, would be helpful. The following summary is suggested.

Marie is a 17½-year-old girl who has been placed recently with an experienced foster family. The family consists of a father, mother, and two young siblings, a boy and a girl. Marie has had multiple placements. Her caseworker, Mary, has noted patterns in each placement. Marie usually settles into the family until she begins to feel close to them; she then rejects and disrupts the family. In addition to the stresses of separation, loss, and rejection, Marie also faces the normal tasks of adolescence - physical maturation, heterosexual and peer relationships, independency, and identity formation. These tasks are illustrated by the following incidents: Marie deciding to live on her own, getting a job, budgeting her money, exploring sexual relationships, and experimenting with adult roles (drinking, smoking, etc.).

The trainer then divides the participants into four or six listening groups. (Please note that there are two versions of Handout 4. The trainer should use the one corresponding to the number of listening groups he or she is working with.) After the listening groups have been formed and tasks have been assigned, the trainer can ask the participants if there are any questions

IX. Film - Can't You Understand What I'm Trying To Say? — 20 minutes

X. Small Group Tasks — 20 minutes

The trainer then gives the participants time to work on their specific assignments in the small groups. The trainer lets the participants know that they will have approximately 20 minutes to work on the tasks.

XI. Processing Film — 25 minutes

The trainer reconvenes the large group and asks for reactions and reports from each of the small groups. The trainer may collect the information on a flip chart. Besides the specific issues raised by the film, the trainer is encouraged to include some of the generic supervision issues covered during this training session.

XII. Bridging Exercise — 10 minutes

In closing, the trainer should note that we have discussed working with foster parents in several ways. As a summary exercise the participants are asked to focus on supervision and training techniques that could help specific foster families they supervise. The handout entitled "Bridging Exercise" can be distributed to the participants. It asks the participants to think, individually, of specific examples of training and supervisory issues and techniques that could be applied to foster family support groups. The participants are asked to apply this bridging exercise to at least one specific foster family. The trainer should give them five to ten minutes to do this. If time permits, the trainer can ask participants to share some of their suggestions and ideas.

Sample Lecture/Discussion: Supervision of Foster Parents

This morning we focused a great deal of attention on training foster families; this afternoon we would like to look at the supervision of these families. Training and supervision are extremely significant vehicles that we use with foster parents to provide support and promote trust.

Training and supervision share some essential elements since both are educative and assessment processes. Both training and supervision require availability and regularity. Both demand that there be clearly expressed expectations and both require give-and-take. Collaboration is the theme we have been stressing throughout this training program. It implies respect for one another as professional colleagues and it is of paramount importance in the interaction between the caseworker and the foster parent.

Let's focus on supervision. As a supervisor, the role of the caseworker is to help foster families improve their knowledge, attitudes, and skills. It is the responsibility of the foster parent to learn how to do his or her job as well as possible. The supervisor is there to help a foster parent do just that. So supervision has two basic thrusts: an educative one and a supportive one. The supervisor provides information and insight regarding

- the goals, policies, and procedures of the agency
- community resources
- cognitive information about human behavior, human growth and development, and other theories as they apply to children and services in foster care placement
- skills, such as role modeling and programming

A supervisor teaches whatever the foster parent needs to know. Foster parents come to us with different levels of experience and insight. People who are applying to be foster parents need to know what they are getting into in order to make a commitment. In this case, general issues in foster care, vignettes about the type of children who would be placed in their home, etc., would be helpful. Approved foster parents, who don't have children in their home as yet, need to know more specifics about policies and procedures after they have made a commitment to foster parenting. More experienced foster parents may need an update in regard to new regulations as well as the continued education provided through supervision. The support and education contributed by your relationship with them is extremely important.

One of the most important issues in supervision is the development of awareness. As a supervisor, you need to be aware of and to deal with many critical issues in order to establish a helping relationship with foster parents.

Carl Rogers has written about the fundamental issues and needs in relationships. Much of his theory can be applied to supervision. He defines a helping relationship as "a relationship in which at least one of the parties has the intent of promoting the growth, development, maturity, improved functioning, improved coping with life of the other."* When this definition is applied to foster care work, the relationship between caseworkers and foster families promotes growth, support, and flexibility, and thus enhances our effort to effect change in the foster children we all serve.

Carl Rogers isolates ten essential ingredients in a helping relationship. I will list them for you first, and then explain each one by itself. Please don't hesitate to make comments or ask questions.

* I'm paraphrasing Carl Rogers, but basically these are the ten ingredients.

1. Your awareness of the feelings and attitudes you are experiencing at any given time

2. Acceptance of your own feelings

3. Ability to allow yourself the freedom to express positive attitudes or feelings

4. Ability to maintain your separateness from foster families

5. Ability to allow foster families the freedom to be separate from you

6. Ability to empathize, to see things as foster families do

7. Acceptance of every facet of foster families

8. Sensitivity so that your behavior will not be perceived as a threat

9. Ability to help foster families see that the responsibility for evaluation lies within themselves

10. Ability to see foster parents as constantly in the process of becoming, that is, recognizing their potential

* Carl R. Rogers, On Becoming a Person. (Boston: Houghton Mifflin Company, 1961), p. 39-40.

The first element is self-awareness. Rogers explains that it is very important that you be aware of your feelings and attitudes regarding foster parents as you experience them.

The second element is closely related to the first. Not only do you have to be aware of your own feelings, you have to accept your feelings and attitudes as well. The acceptance of your own feelings combined with self-awareness will affect communication between the worker and foster families positively. If you are reasonably congruent in your communication, there will be fewer contradictory messages transmitted. If feelings relevant to the relationship are not hidden either from yourself or the foster parents, you can be sure that the relationship will be a helpful one. For example, let's say that you insist that foster parents show up on time for office interviews. Yet, when you go on home visits you generally are ten to fifteen minutes late. There is something incongruent in your behavior. Perhaps you are feeling something that you need to become aware of.

The third element is the ability to allow yourself the freedom to experience positive attitudes towards the foster families without fear. He discusses such feelings or attitudes as warmth, caring, liking, interest, and respect. There are times when we maintain a "professional aloofness" so that we won't be trapped or disappointed in our relationships with foster families. This aloofness can be counterproductive.

The fourth element, the ability to maintain your separateness, depends on whether you feel strong enough as a person to withstand foster parents' expressions of anger, fear, dependency, or depression. Maintaining your separateness prevents over identifying with foster parents or being overwhelmed by their feelings.

The fifth element is the ability to allow foster parents the freedom to be separate from you. This means permitting foster parents to be themselves rather than expecting them to conform to your advice or to you. Encouraging foster parents to be dependent on you undermines this element. Your separateness and foster parents' separateness is extremely important in order to maintain the individuality and mutual respect necessary in a collaborative relationship.

In many ways, the sixth element, empathy, is dependent on the issues of separateness. It's important for a worker to see things as foster parents see them. However, without acknowledging separateness one can become involved in sympathy. For clarification sake I'd like to make the distinction between empathy and sympathy. Sympathy is an understanding that results from the sameness of feelings; it can mean pity or compassion for another's trouble or suffering. On a personal level, you may occasionally

feel sympathy for a foster parent. Except in unusual circumstances, this is inappropriate. Empathy is the projection of one's own personality into the personality of another in order to understand him or her better. It is an intellectual identification with another. Empathy involves entering the world of the foster parents with an attempt to see things as they do, as opposed to associating emotionally with their feelings or attitudes.

The seventh element is the acceptance of every facet the foster parents present without limits or conditions. This means overcoming the inclination to accept some of their feelings or attitudes while silently or openingly disapproving of others.

The eighth element is sensitivity. The caseworker must ask himself or herself, "Can I act with sufficient sensitivity in this relationship that my behavior will not be perceived as a threat?" Sensitivity combined with unconditional acceptance helps create an atmosphere of support and trust in a supervisory relationship.

The ninth element is a natural extension of this supportive relationship. The caseworker must allow foster parents to freely express their feelings without fear or threat. By so doing, foster parents can begin to recognize that evaluation is really a self-assessment process. Once the foster parent feels responsible for evaluating the situation, he or she will be free of the threat of external evaluation. Certification or recertification of foster parents is when this element is often applicable. Commonly we talk about approval or disapproval of a foster home. It would be more realistic to make it a collaborative process in which the foster parents assume the main responsibility for setting goals and identifying areas in which they need help.

The last element is the ability to see foster parents, not as stagnant, but as constantly evolving individuals. This is an essential ingredient. If we do not see foster parents' potential we may be bound by their past or by our own past. This leads to rigid stereotyping. But, if we accept a foster parent as engaged in a process of becoming or evolving, we are doing what we can to confirm or make real his potential. This attitude is particularly applicable with experienced foster parents. Sometimes when we are beginning to work with foster parents who have had a number of years' experience we hear stereotypical comments from other caseworkers. We may assume that they are set in their ways without making any attempt to explore their potential; we see them as stagnant. But in the supervisory relationship we must make a concerted attempt to tap their potential for growth and change.

Obviously, all of these elements are interrelated and demand a great deal of the supervisor and the foster parents. I think, by reviewing Carl Rogers' theories, it's clear that this supervisory

relationship is very complex. Many side issues arise with each of the ten ingredients. For example, the second element, acceptance of your own feelings, raises a related question - whether you can permit your feelings to show in order to be perceived in a congruent way. This can be very difficult and sometimes painful.

Our ability to implement the seventh element, acceptance of each facet of a foster parent, may be determined by how well we employ the first, self-awareness. Rogers suggests that if we try to discover why we have been unable to totally accept a foster parent we may discover through introspection, that our lack of acceptance is because we have been frightened or threatened by some aspect of the foster parent.

Not only are these ingredients interrelated, they also support each other. For example, if we develop empathy with foster parents, we lose our desire to evaluate or judge them. So the combination of these elements supports us in providing a helping supervisory relationship.

Considering all of this, it is important for us to look much more carefully at our relationship with foster families. In an effort to do that, we have adapted Rogers' concepts in an introspective exercise to focus on our own relationships with specific foster families. (See dyad exercise).

Sample Lecture/Discussion: Other Foster Care Issues

(The trainer should encourage participation throughout this lecture/ discussion.)

In addition to all the relationship issues that Carl Rogers raises, there are many practical questions that are often asked among foster care caseworkers. Charles Horejsi's book, Foster Family Care, is a practical and pertinent compilation of issues for foster care workers. I would like to review and discuss some of these questions with you.

The first question might be, "What information should be given to the foster parents about to receive a child in their home?" (The trainer encourages the group to discuss this question.) Horejsi finds that foster families clearly have a right to information that would significantly affect any of the following:

- Family members
- Family routine
- The foster family's responsibilities as substitute parents

In establishing a general framework for information that ought to be given foster parents, Aldridge, Cautley, and Lichstein have isolated five major categories.

1. Information on the length of placement - an estimate ought to be given the foster parents concerning how long a child is expected to be in their home.
2. Health of the child - this should include medical background and a discussion of agency policy regarding medical and dental issues.
3. Information concerning handicaps or unusual behavior problems of the children placed in care.
4. Information related to school.
5. Information about the child's natural parents and the major reasons foster care is necessary. Foster parents need to know basic procedures for facilitating visits and how to handle any unusual problems that may arise as a result of parent-child visits.

The second question that arises when we are discussing placement of a child in foster care might be, "Can foster parents be told too much about a child?" In this workshop we are emphasizing the

need to relate to foster parents as members of a treatment team, as colleagues. Horesji notes that foster parents can't offer much help unless they know what to expect and unless they have relevant background information. I think we all agree that what foster parents are told is less important than how they are told. Aldridge, Cautley, and Lichstein have studied initial placement issues in family foster care. They note that working with foster parents in the preplacement and initial placement stages takes time and skill, but that the effort saves time in the long run. They have researched issues related to successful placement in foster care and have found that when a worker has talked with both foster parents, that is, the mother and father, at least twice for approximately three hours the foster care placements have worked out well compared to a situation where a worker might speak with the foster mother alone, one time, for less than an hour. Although it is a matter of common sense, it needs to be emphasized since the size of the average caseload puts great pressure on the caseworker's time.

Another question that naturally arises is, "When can the social worker make the greatest contribution to the success of placement?" Aldridge, Cautley, and Lichstein suggest that if the worker has to choose when to invest time and energy, it is in the first few months of placement that the need is greatest. When a worker invests time and effort in the first few months of a placement the chance is better that all the relationships involved will get off to a good start. During the first month a worker should be in contact with foster parents and the child weekly. This is especially true with an older child. A good working relationship with foster parents must be established early. This is usually the time when natural parents' visits are established. It's helpful for a worker to be there to support and advise the foster parents because this is a very anxious time for them.

Although it is clear that it's best to put your time and energy into the first few months of placement, there are still many "how to" questions. For instance, "What can a social worker do to help placement get off to a good start?" Of course, it is important to answer questions raised by the foster parents and to share your uncertainties, as well. There may be situations, such as handling behavioral problems for which you may not have definitive answers. In those situations it is very helpful to "think with" foster parents. In any case, during the early months it is important for caseworkers to be aware of opportunities to do the following when possible:

1. Increase foster parents' understanding of the child.

2. Encourage foster families to use praise and warmth in response to pleasing behavior of the foster child, indicating that generally a response to desired behavior is an effective way to bring about improvement in a child.

3. Regard and treat foster parents as colleagues or members of a team.

Implicit in all of these issues, is the necessity of treating foster parents as colleagues and members of the team. From the very beginning we have to recognize them as professionals. Thus, we should provide them with clearly defined expectations. I'm sure that each of your counties does this to some degree by providing foster care manuals with regulations, policies, and procedures. However, it might be helpful to give them a more personal handout on dealing with a new child in their home. Horejsi has noted that Janeil Jarrett developed practical rules and regulations, or some "Dos and Don'ts for Foster Parents." (The trainer should distribute Handout 2 and encourage discussion.)

To review what a social worker can do to assist foster parents Horejsi suggests

1. Be available, by phone or in person, to foster parents.

2. Treat foster parents with respect and appreciation, and view them as members of a team. Seek their ideas and support.

3. Look for opportunities to increase foster parents' understanding of the child and the natural family. Use some of their concerns of the moment as a springboard for an introduction into new ideas, information, and knowledge.

4. Deal openly with foster parents' negative feelings about natural families. Foster parents need to be prepared in this regard.

5. Help foster parents understand that there is a wide variation in family behavior and lifestyle. They need to know that it is necessary to give a child time to adjust to their home.

6. Discourage the use of labels. Help foster parents identify and describe specific behavior that they find troublesome, rather than use labels.

7. Be aware of the first anniversary of the date of placement. Around the time of the first anniversary an assessment by foster parents can be too personal and maybe too negative. A worker needs to be available to support accomplishments.

Perhaps the best general rule to follow in helping foster parents is to help them be as specific as possible regarding issues concerning the child placed in their home. Horejsi has explored alternative

ways for dealing with foster parents' questions. We have adapted another handout entitled "Specific Questions for Foster Parents." This can be used as a guideline for your home visit interviews with the foster family or as a kind of "sharing sheet."

It is very important that, whenever a social worker talks with foster families about the placement of a child, he or she is prepared to ask specific questions and avoid vague general questions. Horejsi also suggests some specific monitoring techniques, such as a problem checklist. Perhaps some of you have different techniques for monitoring placement. Would anyone like to share his or her ideas about monitoring a foster care placement? (Trainer encourages discussion and brainstorming of different techniques.)

Annotated Bibliography

Aldridge, Martha T.; Cautley, Patricia W.; and Lichstein, Diane P. Guidelines for Placement Workers. Madison, Wis.: Center for Social Service, University of Wisconsin-Extention, 1974.

This document presents significant findings based on a long-range study of foster families. It gives guidelines for foster care workers' supervision of foster care placement. It realistically takes into account the time and energy demanded of direct service workers and provides a framework for maximizing workers' efforts.

Horejsi, Charles R., Foster Family Care. Springfield, Ill.: Charles C. Thomas, 1979.

This is an excellent handbook regarding foster family care. The format of the book is a question-answer style based on a survey that elicited questions from foster care professionals. The content focuses on knowledge and information that is valuable for anyone in foster care.

Rogers, Carl R. On Becoming A Person. Boston, Mass.: Houghton Mifflin Company, 1961.

Although this book was written primarily with a psychotherapeutic approach in mind, its presentation of the growth and potential of man correlates to the philosophical approach of this training guide. It is suggested that the reader pay particular attention to Chapter 3, "The Characteristics of a Helping Relationship." Carl Rogers emphasizes the need to focus on the person as an individual with all his or her unique attributes and potential.

Handout 1.

A Helping Relationship

(Carl Rogers)

1. a. Why do your foster parents trust you?

   b. How do you give mixed messages to your foster parents?

2. a. How do you express your caring feelings about your foster parents?

   b. What values do you find hard to accept in your foster parents?

3. a. How do you keep from over identifying with your foster parents?

   b. In what ways do you encourage your foster parents to be dependent?

4. a. Do you know when you're really understanding and empathizing with your foster parents?

   b. In what ways do you stereotype your foster parents?

5. a. How are you nonthreatening to your foster parents?

   b. How are you threatening to your foster parents?

Handout 2.

Some Dos and Don'ts for Foster Parents*

1. Ask the caseworker for a social history and other background information on the child being considered for placement in your home. If, on the basis of this information, you doubt seriously that the placement will work out, don't accept the placement. A placement that breaks down is traumatic for all concerned, especially the foster child.

2. Ask the caseworker to arrange preplacement visits. Try to have more than one such visit. When the child is in your home, only the immediate family members should be present.

3. Offer food to a visiting child and to the just-placed child. Show the child his/her private living quarters right away.

4. Allow the foster child to select the name you will be called. If the child cannot decide on a name, offer suggestions. Don't insist that the child call you whatever he/she calls his/her biological parents.

5. Obtain information as to why the child is in foster care. From the beginning, try to help the child deal with his/her questions and insecurities.

6. Don't be afraid to let the foster child express feelings. Talk straight and don't be afraid to show your feelings.

7. Don't judge or be critical of the foster child's parents. The child probably loves them regardless of what they have done or failed to do in the past. It is possible to discuss why the child is in foster care and the negative behavior of the parents without judging or criticizing.

8. Allow the foster child to talk freely and openly about his/her natural family. If what the child says bothers you, discuss this with the caseworker.

9. Allow the foster child to grieve for his/her parents.

10. Allow the foster child to be upset after he/she visits his/her natural parents.

*Adapted from Charles R. Horejsi, Foster Family Care, 1979. Courtesy of Charles C. Thomas, Publisher, Springfield, Illinois.

11. Don't conclude that it is bad for the foster child to visit with his/her natural family. Even if they are upsetting, there are more advantages than disadvantages to such visits.

12. Most foster children feel that they somehow caused the break-up of their family. Recognize that such feelings are common and gently help the foster child to verbalize these feelings and to understand the real reasons for placement.

13. Never attempt to discipline or punish a foster child by threatening his/her expulsion from the foster home.

14. Don't attempt to discipline or control the foster child by threatening to tell the caseworker.

15. Suggest that the foster child talk to the caseworker about problems and concerns, especially those with which you have been unable to help.

16. Don't insist that the foster child tell you what he/she discussed with the caseworker or counselor.

17. Don't punish the foster child the first time he/she does something wrong in your home. Every family has its own rules and ways of doing things. It will take time for a foster child to learn what is expected in your home. When the child does something wrong, tell him/her exactly what he/she did wrong and explain why the right way is important in your family. Try to prevent discipline problems by praising and rewarding all good behavior.

18. Allow the child to have privacy and his/her personal property.

19. Do not discuss the foster child's history or circumstances with anyone outside the immediate family.

20. Discuss any issues or concerns with the caseworker.

Handout 3.

Specific Questions for Foster Parents*

1. At this point, how do you feel about being a foster parent?

2. Does being a foster parent to _____ seem more or less difficult than you expected?

3. At this point, how does _____ feel about being in your home?

4. How would you evaluate _____ progress since _____?

5. What changes have you noticed in _____? Do you see this as progress or a step backward?

6. When we last talked you mentioned _____ as being a problem. How has that been going?

7. What specific problems is _____ experiencing? How would you like things to be different? What have you done to try to help? Has it worked? What else have you thought about doing?

8. How is _____ presence affecting your relationship with your husband/wife?

9. Is _____ having an effect on your own children (and/or other foster children)? In what way?

10. Are you experiencing any financial problems because of the foster care arrangements? Are there any questions about agency policy/procedures?

11. Have you and _____ been able to do anything together? Have you enjoyed this? Has _____ enjoyed this?

12. When you and _____ do get along well, what happens that makes it a positive experience? Can you think of any way of transferring some of that positive experience into some of the problem areas?

*Adapted from Charles R. Horejsi, Foster Family Care, 1979. Courtesy of Charles C. Thomas, Publisher, Springfield, Illinois.

13. What does _____ really enjoy? What is really important to _____? Is there any way of using interests and pleasures as a way of rewarding _____ for good behavior?

14. Does _____ talk about his parents? Siblings? What does _____ say? How do you respond to what _____ says about his/her family?

15. How have the visits by _____ parents worked out? Are there specific problems? Do you have ideas on how the visits could be less troublesome? At this point, how do you feel about having the parents visit?

16. Does _____ seem to understand why he/she is in foster care? What questions does _____ have?

17. Within the past week or so, what was the most difficult problem you have had with _____? Why do you think _____ behaved this way? Have you thought of any ways of handling/preventing this problem?

18. Within the past week or so, what was the best thing that happened with _____? Why do you think _____ behaved this way? Have you thought of any ways of increasing the chances that there will be more good experiences?

19. Do you have any additional questions to ask me? Is there some information that would be helpful? Would you like some special help with a particular problem?

20. When is a convenient time for us to meet again?

Handout 4.
(Four groups)

Tasks for Listening Groups

Group 1 In your supervisory role, what are some supervision issues that you would discuss with the foster mother?

Group 2 In your supervisory role, what are some supervision issues that you would discuss with the foster father?

Group 3 In your supervisee role, what are some casework issues about Marie that you would discuss with your supervisor?

Group 4 Considering your supervisory role, what are some gut feelings about the foster family that you would discuss with your supervisor?

Handout 4.
(Six groups)

Tasks for Listening Groups

Group 1 In your supervisory role, what are some supervision issues that you would discuss with the foster mother?

Group 2 In your supervisory role, what are some supervision issues that you would discuss with the foster father?

Group 3 In your supervisory role, what are some supervision issues involving the natural children of the foster parents that you would discuss with the foster parents?

Group 4 In your supervisee role, what are some casework issues about Marie that you would discuss with your supervisor?

Group 5 Considering your supervisory role, what are some supervision issues about the foster family that you would discuss with your supervisor?

Group 6 As a foster parent trainer, what are some training issues from this case that you would use in foster parent training?

Handout 5.

Bridging Exercise

Today we have discussed working with foster parents in several ways. The purpose of this exercise is to focus on supervision and training techniques that could help a specific foster family within the present structure of your agency.

Task:

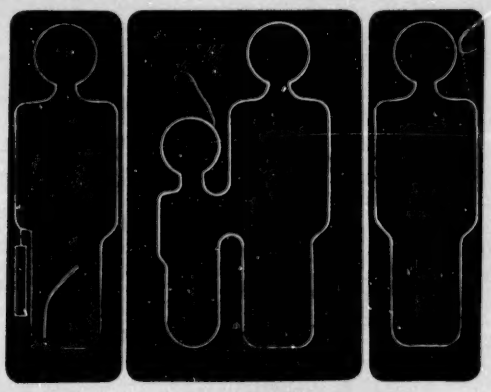
1. Give one specific example of

   a. a training issue and technique that would aid your foster family.

   b. a supervisory issue and technique that would aid you foster family.

2. Would a support group be beneficial for this family? How so?

Integration of Child/Family into the Foster Care System



INTEGRATION OF CHILD/FAMILY INTO THE FOSTER CARE SYSTEM

Rationale

During the 1978-79 contract year, the Child and Family Services Training Unit established role-specific training for New York State Department of Social Services foster care workers. In the fall of 1978 a questionnaire was sent to foster care units within the county departments of social services requesting specific information regarding foster care. One specific response was the need for training to address difficulties faced by the child entering placement and difficulties that natural families and foster families could expect to encounter. Foster care workers asked for training in loss and separation, as well as in general foster care placement issues.

The most significant aspect of foster care is permanency planning. Foster care needs to be recognized as a temporary situation through which foster care children and their families can learn and apply new coping skills. According to recent literature, preparation for foster care placement is crucial. Many of the treatment issues that occur during placement are greatly affected by preplacement planning. The expectations of each subgroup, i.e., child, natural family, foster family, and foster care caseworker, are established during this time and are clearly related to permanency planning.

During this period, when entrance into family foster care is being considered, it is important to be aware of and knowledgeable about the many loss and separation issues involved. When the focus is on a child and natural family's integration into the foster care system, the accompanying separation must also be treated. Another crucial stage is termination of foster care placement because it is another significant period of loss and separation. Since there has usually been some important investment into relationships, the need for some after care, rather than a total severance of relationships, must be emphasized.

Purpose

Thus, the purpose of this module is

1. To instruct foster care workers in the general loss and separation issues that occur in foster care

2. To help foster care workers identify the need for preparation of child, natural family, and foster family for foster care placement

3. To assist foster care workers understand the need to include child, natural family, and foster family in the treatment process

4. To support foster care workers' efforts to establish follow-up services in termination of foster care placement

Behavioral Objectives

After participating in this training session, foster care workers will be able to

- recognize behavioral symptoms and stages of loss and separation
- identify the preparation stage as the most crucial stage in permanency planning in the foster care process
- name members of the treatment team
- demonstrate a more positive attitude toward after-care services

Behavioral Change

After participating in this training session, the foster care workers will

- devote more time to the preparation stage of foster care. They will be more active in preparing children, natural families, and foster families for placement (i.e., arranging visits prior to placement, looking at the child's level of development and explaining this to foster parents, and utilizing the matching process)
- design treatment plans to include the child, natural family, and foster family, and will define roles played by each
- design follow-up services after termination of placement

Session Outline

Time: Approximately 6-8 hours

Space: The location depends upon the number of participants. However, a room large enough for the entire group is needed and several break-out rooms would be helpful for small group tasks.

Equipment: Flip chart and stand
Felt tip pens

Materials: Handouts -
- Nurturance/Loss
- Stages of Loss and Separation
- Case History
- Case History Worksheet I
- Case History Worksheet II
- Success in Foster Placements
- Termination Seminar Questions
- Role Play 1
- Role Play 2
- Role Play 3
- Bibliography

I. Introduction 10 minutes

The trainer introduces the topic and shares the purposes and goals of the session with the participants.

II. Preparation for Termination Seminars 15 minutes

The trainer makes the transition from explaining the behavioral objectives and purposes of the day to specifically getting volunteers for the termination seminar. (It may be helpful to introduce this idea on the first or second day of the foster care workshop if this is the third day in a series.) At this time, the trainer explains the types of termination seminars that will be offered in the afternoon. The following topics are suggested: 1) planned termination of foster care placement by the child returning home, 2) planned termination of foster care placement through independent living, 3) planned termination of foster care placement through adoption placement, and 4) unplanned termination, i.e., distruption.

The trainer can explain that the purpose of the termination seminars is to present a practical experience for the foster care workers. It might be suggested that the participants think about a case for which they are currently planning a termination under one of the first three categories. The trainer may also suggest that anyone who is currently experiencing a disruption in placement may want to volunteer for the last topic. In any case, the trainer explains that the volunteers will be asked to give a brief summary of what they consider pertinent case information. There is a guided questionnaire form for the termination seminar. The trainer may explain that the seminars will be led by either the train-

er or co-trainers at the workshop. If this is not practical, the trainer may have to limit the number of seminars since they are designed with a facilitator in mind. The trainer asks for any questions in regard to the seminars and explains that people will be able to sign up in the afternoon for the specific training seminars depending on the number of volunteers this morning. The trainer then asks for and collects the names of volunteers to present cases.

III. Nurturance/Loss Exercise 45 minutes

The trainer explains that the morning will begin by working in small groups, in break-out rooms, on an exercise concerning nurturance and loss. The trainer has the option of preparing a list of names for each small group before the workshop begins or having participants count off to form small groups. This nurturance/loss exercise needs a group facilitator. The number of participants in each small group can vary; however, it is recommended that the maximum number be six to eight people. In the small group the facilitator gives a basic introduction to the exercise by simply stating, "We are not looking for therapy here but we are working to gain some self-awareness in regard to nurturance and loss issues." The participants are asked to share as much as they are comfortable in sharing. The participants are given time, individually, to fill out the hand-out "Nurturance/Loss." One person is assigned reporter for the large group discussion later. The small group discusses the exercise and their feelings about it. At the conclusion of the small group meeting the facilitator can make the following learning points:

1. There are many natural changes in nurturing roles for all of us.

2. There are some tremendous and traumatic changes in nurturing roles when we consider the many separations from their families encountered by the children who are placed in foster care.

3. There are tremendous changes in nurturing and losses as far as the foster families are concerned, as well.

4. These changes in nurturing roles and the concurring losses occur not only when a child is placed but also when a child leaves placement at the termination of foster care.

IV. Processing of Nurturance/Loss Exercise 20 minutes

When all small groups have returned to the large room, the trainer asks for reactions to the exercise. Participants are free to discuss issues openly; however it is beneficial for the trainer to rely on the small group reporter. After each small group has reported, the four learning points presented after the small group discussion can be reiterated. The trainer can also note that this basic outline of the nurturance and loss exercise can be used as an autobiographical outline for foster parents during home studies. Naturally the trainer can also suggest that this nurturance and loss exercise can be used with other caseworkers to foster self-awareness in the training of foster families.

V. Short Lecture/Discussion: 20 minutes
Loss and Separation

The trainer presents a short lecture on some loss and separation issues. (For further information, please see separation/loss issues section of the sample lecture in the first module, "Understanding Natural Families.")

VI. Case Assessment 30 minutes

(Tim's case, see Handout 3, was created for foster care training but trainers may find it more appropriate to simulate their own cases. This module will present a specific assessment of Tim's case.)

The participants are given Tim's case for assessment. They are asked to read the case individually. Along with the case, participants are given two worksheets to help them assess exactly what has happened to Tim and what is currently happening to Tim, his natural family, and the foster family who is being considered for Tim's placement. On the worksheets, space is allotted for assessment of early losses, behavioral symptoms, stages of separation and loss, and whether the stages of separation and loss have been resolved. The group can be split into three smaller groups. One group can focus on Tim, the child, and assess his early and current losses. Another group can be given the task of assessing the natural family, and the third group can assess the foster family. Again, the method for splitting into small groups is left to the discretion of the trainer. However, counting off by three's is usually helpful. If it is a very large group the trainer can have the group count off by sixes and assign each task to two small groups.

VII. Processing of Case Assessment 20 minutes

The trainer collects the reports from each small group. It may be helpful to list the information on a flip chart. General discussion may be encouraged. It should be noted that there are a number of separation issues involved with the child, the natural family, and the foster family and it is important to ask whether these separation and loss issues have been resolved. The trainer needs to emphasize the fact that accurate assessment is the first step in the preparation of a "successful" foster care placement.

VIII. Appropriateness of Case for Foster Care 30 minutes

Since this case has been used frequently for training, and participants have often questioned the appropriateness of Tim's placement in family foster care, it would be advantageous for the trainer to raise this question with the group at large. It would be helpful to outline the strengths and liabilities of this placement with the large group. Participants often recommend that a child like Tim be referred to residential treatment. It should be noted that residential treatment centers generally have a difficult time accepting a child like this in view of his fire-setting tendencies. The following outline for assets and liabilities of Tim's placement with the Driscolls is recommended:

Strengths

1. No preschool children in foster home.
2. Tim will be the youngest child.
3. The Driscolls are involved in preplacement planning.
4. Mr. Driscoll is an involved foster parent.
5. The Driscolls have demonstrated a willingness to work with natural families in the past.
6. The Driscolls are an experienced foster family and, therefore, are probably used to the temporary, substitute nature of foster parenting.

Liabilities

1. Exploration with the Driscolls needs to be made to reveal any possible "waterloos" that they feel may arise with this placement.

2. Exploration needs to be made with the Driscolls in regard to behavior being a symptom of deeper problems.

3. The Driscolls need to be prepared for Tim's behavior problems, particularly setting fires. However, it should be noted that Tim has never set a fire in a foster home, but only in his natural family environment.

4. Exploration needs to made with the Driscolls in regard to their own children's feelings about Tim's placement.

The primary learning point that needs to be made is that the matching process has to be implemented. The question is not whether Tim is appropriate for the family but whether the family is appropriate for Tim.

IX. Fishbowl Exercise 30 minutes

The trainer asks for four to six volunteers to act as intake coordinators for the initial planning of this case. The fishbowl group is asked to discuss a preplacement plan for Tim and his family and include the foster family in the plans. The group is asked to sit at the front of the room. Other participants are asked to observe this interaction. The trainer explains that observers cannot interrupt during the process. However, the fishbowl group, itself, can call for time-out and ask for suggestions from the large group. At the end of this intake planning committee meeting, there will be time for large group discussion. The trainer acts as liaison between the group and the observers and records the treatment plan on a flip chart. The trainer can ask for information to clarify the goals and methods for the plan. It is suggested that the fishbowl group use the handout of Tim's case and their completed worksheets.

X. Processing of Fishbowl Exercise 20 minutes

The trainer thanks the group of volunteers and then asks for comments or questions from the large group.

Besides the specifics of the case, some common themes from the entire workshop need to be reemphasized here

- the natural family needs to be involved in the treatment process

- the foster family needs to be seen as members of the team

- therefore, foster families' skills and methods need to be noted in the treatment plan

The trainer should emphasize that many treatment issues that occur during placement are greatly affected by the preplacement planning and assessment processes.

XI. Short Lecture/Discussion: 15 minutes
Success/Failures in Foster Care Placements

The trainer needs to acknowledge that, indeed, this case seems to be very complicated. It can be noted that the foster family in this case seems to have many strengths. The trainer may suggest that many general questions about what makes for a successful foster care placement can arise from this specific case. The trainer then gives a short lecture on success and failure in foster care placements.

XII. Termination Seminars: 40 minutes
Adoption, Return Home, Independent Living

The trainer then proceeds to divide the participants into assigned groups for the seminars. How many seminars will be given is left to the discretion of the trainer. It is recommended that participants volunteer, according to interest, to be a part of termination seminars. It is also recommended that termination seminars be held in separate rooms from the main training room and that each training seminar be facilitated by a trainer or co-trainer.

When the small groups have gathered for their individual termination seminars, the facilitator can explain that most of the structured questions on the handout entitled "Termination Seminar Questions" are correlated to the first exercise of the day. The facilitator distributes the handout for each member of the seminar to read over. Then the facilitator asks the volunteer caseworker for a brief description of the case, especially any pertinent information that he or she deems important. The main issues in this seminar are the issues relevant to the

specific case as well as nurturance and loss issues in regard to the termination plan. The importance of after-care or follow-up service after termination of the child from foster care is strongly emphasized. A group reporter is assigned. Seminars are generally well received because they put theory into reality for participants.

XIII. Processing of Seminars 20 minutes

The trainer reconvenes the large group and collects the information and conclusions from the reporter assigned in each training seminar. Special emphasis is placed on nurturing figures in the child's life around the crucial time of termination. The theme of loss and separation is regenerated and discussed. The need for some kind of after-care service is emphasized insofar as investments have been made by all the people involved, that is, the child, the natural family, the foster family, and the caseworker. It is noted that termination needs to be done gradually in order to help the child, natural family, foster family, and caseworkers adjust. Termination that connotes total severance of relationships can be a very harsh loss.

XIV. Disruption Termination Seminar 30 minutes

It is generally recommended that the disruption termination seminar be conducted in a large group, if possible. The reason for this is that most foster care workers experience disruptions in their foster care placements and look for direction. It is recommended that even in the large group seminar, the questions follow the handout sheet entitled "Termination Seminar Questions." It needs to be emphasized that even in disruption we need to follow through as much as we can to find nurturing figures for the child to go to. After care can have even greater importance in a disruptive case.

If the seminar case presentation regarding disruption requires the emergency placement of a child in another home, then the trainer could discuss dealing with emergency placements as <u>emergency</u> placements. It is recommended that whenever possible, emergency placements be dealt with as emergencies, and a more clear, permanent plan be developed for the child during the emergency placement.

The trainer may have to take the primary role in monitoring discussion of these emotionally loaded cases.

XV. Summary

After the termination seminar issues have been concluded, the trainer may ask the participants for any further or final comments or questions. At the end of the day, the bibliography may be given to participants for their reference. The trainer should make a summary statement, not just for the day, but to bring the entire program to closure. The following summary is recommended:

During this workshop we have concentrated on family foster care, with the premise that every child needs a family. Residential treatment is appropriate and extremely helpful for some children; however, it is a last resort in the foster care system. A child comes from a family, and, regardless of that family's liabilities, the child often needs a family. Looking at the huge significance of the parent-child relationship for all of us, it is clear that commitment to working with natural families within the treatment process is vitally important in permanency planning for children.

There is no question that there are not enough preventive services in the social services system. Perhaps if we had enough community-based resources for families, a great many foster care placements would not occur. It's important that our voices be heard and that we be advocates of these families and of the need for preventive services.

Foster care placement can be viewed as preventive. It is a temporary situation usually, with the goal of reuniting child and family. Even if the termination of parental rights is being considered, foster care is a temporary plan. When we consider the ramifications of foster care placement, it becomes evident that we have to make an impact early in placement. Preparation of the child, the natural family, and the foster family sets the stage for treatment. Understanding the humanness of everyone involved, including ourselves, is the key. Our knowledge of human dynamics and foster families' knowledge of human dynamics cannot be underestimated.

This foster care workshop has focused on strengthening the people who make up the foster care system. First, there is you, the caseworker. Your awareness and insights are of paramount importance because you coordinate every facet of the placement from preplacement planning through after care.

Everything we do to improve and support the positive potential of foster care needs to be fortified, especially vehicles such as training and support groups for foster families.

The families we serve, that is the natural families, and the families whom we consider members of our treatment team, the foster families, are dealing with loss and separation on a very intense level. In some ways, the foster care system sets up more separations and losses. Foster families may have to relate to a number of caseworkers, with different styles, during the same period of time. Natural families may be transferred from one caseworker to another for a number of different reasons. We, ourselves, as caseworkers have to relate to many different foster families, rather than having a stable population to supervise or train.

The overall goal of this workshop has been to deal with many of these issues and show that there are different angles through which we can view foster care. No matter how we view the foster care system - looking at the people and their roles (caseworkers, foster families, natural families, child, children) or looking at the stages of placement (preplacement through after care) or looking at the human feelings and needs to assess appropriate service to be given - any way you view it, more concerted and clear efforts have to be made to strengthen the system.

I trust that this workshop has given you some new ways of looking at our system, or, at least, has been a refresher to help you regain a balanced perspective. Your participation - thoughts, ideas, and feelings - has been a real asset. It is exciting to know that the foster care field is made up of such devoted, caring workers. Thank you for being a part of this.

Short Lecture/Discussion: Loss and Separation

There are as many varieties of loss as there are people who experience loss. However, losses can be generally categorized into two types: maturational and situational.

Maturational losses begin when a person is born and continue throughout life. Each day of our lives something is gained and something is lost. Within each culture or society, maturational losses are somewhat predictable as a consequence of a person's normal growth and development. As a person grows and matures, he or she not only takes on new roles and acquires new skills but also leaves behind earlier ways of attaining gratification and of perceiving himself or herself. Many maturational losses can be anticipated and are desirable. At times, these maturational losses are accompanied by happiness. However, no matter what the maturational loss, there are also feelings of sadness involved, not only because a person's growth level or identity has changed, but also because the many pleasures or satisfactions of earlier times are left behind.

Situational losses also occur in everyone's life. The primary difference between situational and maturational losses, are that situational losses are generally unpredictable. Let me give you three examples.

1. Loss of an external object. When you move from your home, or when you have been robbed, you lose possessions, material items, external objects.

2. Loss of a relationship with another person.

3. Self-loss. Self-loss can be seen in many ways. It can result from a physical injury or illness or it can occur when a person comes to feel that he or she is lacking certain abilities or qualities that were previously assumed to be present. This form of self-loss is usually very dramatic and very traumatic. It undermines a person's self-image, feelings of adequacy, etc. It is a loss that is marked by psychological and physiological reactions.

In "normal" childhood, even though there are maturational and situational losses, most parents or families provide a certain amount of safety and nurturance that help a child deal with these losses. Children in foster care have gone through many situational losses as well as maturational losses with far less support. Placement, treatment, and termination of placement only add to the fact that life for these children and their families is a composite of losses.

There are a number of theories about separation and loss. Perhaps you are familiar with some such as Elisabeth Kubler-Ross's theories in her book On Death and Dying. There have been other authors who have looked into separation and loss issues. Erich Lindemann has studied adult bereavement. We would like to focus on John Bowlby's and Carolyn Thomas's theories of separation and loss because they have studied children and families in foster care.

Each theorist has slightly different names for the stages of separation and loss. However, by purusing the literature one can clearly conclude that, regardless of the terminology, there are several distinct stages in separation and loss and there are general names we can attach to them. Generally speaking, there are four to five stages of separation and loss. The first stage is denial, the second is anger, the third is guilt, the fourth is despair, and the fifth is adjustment. Regardless of what stage a person has reached in separation and loss, it is important to remember that all human beings need to have a period of grief. They must have support during their grief work in order to gain new coping skills and reach the stage of adjustment.

John Bowlby and Carolyn Thomas have slightly different names for these stages. The first stage is called preprotest, the second is protest, the third is despair, and the fourth, or final stage, is detachment. The handout entitled "Stages of Loss and Separation" presents John Bowlby's and Carolyn Thomas's stages of separation and loss. Not only are the stages noted, but the affect and likely behavioral symptoms are also shown.

The main point is that there are indeed stages in separation and loss, and that grieving is a natural process that takes a certain period of time depending on the individual. The stages are not clear-cut; they overlap and people can repeat or regress into earlier stages. However all human beings must finally adjust to their loss, participate in the present, and plan for the future. It is important to keep in mind that, in addition to recognizing these stages, it is helpful to know an individual's emotional development and his or her earlier losses in life. Many children and families in foster care need to do some grief work on earlier losses before they can deal with the current loss precipitated by placement. (The trainer encourages questions and discussion of separation and loss theory.)

Short Lecture/Discussion:
Success/Failure in Foster Care Placement

Although our ability to accurately predict success or failure in foster care is limited both because of the lack of research done in this area and also because of the human variables involved, Aldridge, Cautley, and Lichstein have reached some conclusions in this area. Their definition of what is meant by success in foster care is "a placement in which the foster parents appear to be meeting the foster child's particular needs and to be fostering his or her healthy growth and development." They note that there are many issues to consider during the recruitment and assessment of potential foster families, as well as during the actual placement process. And no factor by itself will determine success or failure. However, they do agree that when all these factors are combined with promising characteristics of foster parents themselves, the likelihood that placement will work is considerably enhanced.

Earlier this morning we outlined some of the strengths of the Driscoll foster family for the placement of Tim. Some of the strengths that the Driscolls had, in particular, have been found to be promising criteria for the placement of foster children. For example, the authors have noted that the presence of preschool children in a foster home adversely affects the placement of school-age foster children. They have also found that successful placement occurs most frequently when the foster child is the youngest in the family group. They have also found that placement was most likely to succeed when there have been preplacement visits. Besides that, the extent of preplacement input from the foster parents and the information provided to the foster parents is directly related to success. Another important element, mentioned this morning, is that the input of the caseworker during the first few weeks of placement is directly related to success in placement. Still another issue is the positive involvement of foster fathers as well as foster mothers. It has been found that one of the significant reasons for foster care disruption was lack of foster father involvement. Some of the things that I have mentioned are among the factors that Aldridge, Cautley, and Lichstein found to be relevant. These and other issues are included on the handout entitled "Success in Foster Placement." (The trainer distributes the handout and gives participants a few minutes to review it. The trainer then encourages questions or comments.)

Alternative Strategies

From a training perspective, the variations possible for this session are probably infinite. If changed, however, the session must still be able to achieve the behavioral objectives; otherwise new behavioral objectives need to be written.

Perhaps the least emphasized objective is the one regarding assistance to foster care workers in understanding the need to include child, natural family, and foster family in treatment planning during placement. The first two modules deal more clearly with the need for the natural and foster families to be involved in the treatment process. The modules concerning the training and supervision of foster families also deal with this objective insofar as they include foster families as members of a treatment team. However, in order to highlight this objective within this module, the following alternative strategy is suggested.

Time permitting, after the fishbowl exercise and processing, the trainer could assign role play exercises. From the treatment plans that were developed by the fishbowl group, small groups could choose to act out one selected treatment goal and method. The groups could be split by counting off or by volunteering. In any case there could be three separate sets of role plays. Each of the three small groups would be assigned a specific preplacement issue regarding Tim's placement in foster care.

Purpose: The general purpose of the role play exercise would be for the caseworker with the foster family, the natural family, or both foster and natural families to act out a role play interview with the people concerned. The specific preplacement issue regarding the case would be generated by the fishbowl intake planning. The specific purpose of these role plays is for the participants and observers to 1) practice their skills at preplacement planning, 2) place themselves in a empathic position in the roles that they are taking in the role play, and 3) to emphasize the issues of the workshop including common dynamics of natural families, supervision of foster families, the caseworker's role as coordinator of all these subgroups, and loss and separation issues. The major purpose of these role plays is to reenforce participants' understanding of the need to include the child, natural family, and foster family in the treatment process from preplacement through termination.

Situation: Three role play situations have been designed as alternative strategies. They are described in detail on Handouts 8, 9, and 10.

Procedures: Participants need to be given enough time to prepare for the role play; 30 minutes is recommended. Traditional role

play structuring rules should be established by the trainer. For example, the trainer should let observers know that they cannot interrupt the role play. However, if at any time the role players need help, they can interrupt the role play for suggestions. At the end of every role play it is recommended that each member of the role play express how he or she felt in the specific role. It is also recommended that the caseworker, in particular, draw some conclusions about his or her casework style, i.e., certain strengths and areas that need improvement.

Annotated Bibliography

Aldridge, Martha L., Cautley, Patricia W., and Lichstein, Diane P. Guidelines for Placement Workers. Madison, Wis.: Center for Social Service, University of Wisconsin-Extension, 1974.

As the reader may note. this book has been cited previously in this manual. Reference is made to this book, again, because it provides realistic, effective guidelines for foster care workers' efforts in the preplacement and initial placement process.

Bowlby, John. Attachment. Vol. 1. New York: Basic Books, 1969.

In this book, John Bowlby expands on the series of papers that he wrote regarding the essential need for bonding in the early years of infancy and the adverse effects that lack of bonding may cause.

_____. Separation. Vol 2. New York: Basic Books, 1973.

In this book, Bowlby develops the foundation of his theory of separation and loss. Using empirical studies, he describes and assesses the negative impact of early separation from a nurturing figure.

Fanshel, David. "Parental Visiting of Children in Foster Care: Key to Discharge? Social Service Review, December 1975.

Fanshel demonstrates that discharge rates are closely linked to the frequency of parental visitation, with high rate of visiting leading to discharge. Fanshell recommends that agencies carefully monitor parental visits, and be held accountable for efforts to involve parents in visiting.

_____. "Status Changes of Children in Foster Care: Final Results of the Columbia University Longitudinal Study." Child Welfare, March 1976.

This article could be reviewed by those interested in statistics done on a longitudinal study analyzing the departure of children from foster care, the number of moves in care, and other status changes, including adoption and hospitalization.

Factors significantly predictive of discharge include frequency of parental visits, investment of casework service, and casework assessment of overall parental performance of the mothers.

Henwedge, Roger; Jackson, Mickey; John, Lilly E.; and Kneisel, Kay, eds. Loss and Grief. (Instructor's Manual) Costa Mesa, Calif.: Concept Media, 1977.

This manual presents basic concepts regarding loss and separation. It is a fine manual for training in this area. The distinction made between maturational and situational losses is particularly applicable not only to loss/separation but also to human growth and development.

Kubler-Ross, Elisabeth. On Death and Dying. New York: Macmillan, 1969.

This is a classic book presenting the stage theory concerning death and dying. It provides a great deal of insight into stages of loss and separation. It also focuses on direct service to people experiencing grief.

Handout 1.

Nurturance/Loss

1. Look at the nurturing role/roles in your own family.

   a. Was the role clearly assigned? Who carried it?

   b. How was the nurturance communicated?

      - generally?

      - in times of stress?

   c. Was the nurturing role performed adequately or inadequately? Why?

2. Over time, were there any changes or conflicts regarding this role in your family?

   a. When did the change(s) occur?

   b. How did the change(s) affect you?

      - emotionally?

      - in regard to your role/position in the family?

   c. Who nurtures you now?

   d. Is the nurturing role performed adequately or inadequately?

   e. Do you miss the way you were nurtured as a child and the persons who nurtured you?

PHASE	AFFECTS	BEHAVIOR
Preprotest	1. Affect is absent or extremely shallow. 2. If present, it appears minimal, in form of soberness or false happiness.	1. Seems to reflect automatic social behavior without emotional involvement. 2. Generally conforming.
Protest	1. Anxiety 2. Anger 3. Helplessness 4. Weeping	1. Though and behavior directed toward lost object (person). 2. Anger is expressed toward the lost object (person), others in the environment, and the self. 3. Appeal for help and rejection of the help. 4. Active effort to obtain the lost object (person) and craving for lost object (person).
Despair	1. Pain 2. Depression 3. Despair 4. Hopelessness	1. Longing continues, but active efforts to obtain are given up. 2. Apathy. 3. Few demands on enviornment. 4. Activity is disorganized, purposeless, restless. 5. Lack of goal, direction and little capacity to initiate activity. 6. Withdrawal is pronounced, resulting in lack of interchange with the external world. 7. A preoccupation with things - not people. 8. Regression marked.
Detachment	1. Hope 2. Sense of mastery	1. Primary investment in lost person has been removed, some thought of the lost person, but it is based in reality. 2. New relationships sought and emotional investment made in them. 3. Behavior reorganized, more purposeful. 4. Reality testing.

* Taken from papers by John Bowlby and Carolyn Thomas

Handout 3.

Case History

Child's Background

Tim was born in the spring of 1969 to Mr. and Mrs. Carlton. He lived with his family for two years. At age two, Tim was abused by his father who beat Tim's hands until they were swollen and held Tim upside down in the tub - submerging his head in water to the point of almost drowning him.

As a result, Tim was placed in the T's foster home for protective reasons. He remained there until he was three. He was, then, returned home due to his parents' willingness to cooperate. Mr. Carlton stated that he would seek help for his alcoholism. At home, Tim began showing signs of emotional disturbance. He became destructive and would smear feces on the walls. When he was 4½, Tim's parents separated. He never saw his father again.

At age five, Tim was placed in a psychiatric facility upon professional recommendations. The following week, his mother moved out of state with her two younger children and another man, Mr. Booth. During the three months of residence, Tim was not visited by his family, although his mother occasionally called him and sent cards. The T foster family did visit Tim.

When he was discharged (three months after placement), Tim returned to the T's foster home. While there, he again showed signs of deterioration.

The next month, Mrs. Carlton and Mr. Booth returned to the state and county where Tim was living. They visited him infrequently.

While at the T's home, Tim showed signs of hyperactivity. He wet the bed daily and threw many temper tantrums. Mrs. T was constantly complaining of being emotionally drained by Tim's behavior. When he was six, the T's asked for Tim's removal because Mrs. T's sick mother had moved in and they felt Tim was too much to handle.

He was placed in the G's foster home. All his behavior problems continued. He lived there for one year. When he was seven, the Gs asked for his removal. Mrs. G was pregnant and the Gs did not feel capable of handling Tim in view of the pregnancy. Tim was returned to his family, upon Mrs. Carlton's request.

Mrs. Carlton and Mr. Booth were willing to go to counseling sessions at the mental health clinic for help in dealing with their

children. Tim begain having problems at school. He was hyperactive, disruptive, and stole. At home, his behavior consisted of breaking and throwing toys and fighting with his younger sister and brother. At age 7½, while the children were with a babysitter, Tim started a fire in the bedroom. Because Mrs. Carlton and Mr. Booth could not be reached at the time, all three children were placed in emergency foster care. The emergency foster home could not handle Tim's behavior. Upon professional recommendation, he was placed in a psychiatric facility again.

Tim remained in residence until he was eight. There was a CPS investigation but neglect was not found. Mrs. Carlton and Mr. Booth were absent at the time of the fire due to the death of Mr. Booth's mother.

At age eight, Tim returned home. Mrs. Carlton tried behavior modification approachs with Tim, but after achieving little success, she reverted to harsh punishment. Also, at this time, Mrs. Carlton became divorced from Mr. Carlton and married Mr. Booth.

In the fall of that year, the family had to move because Tim and his sister were setting fires and the landlord evicted the family. By winter, Tim's behavior seemed to improve somewhat. But the school reported that his behavior was worse after returning home from a weekend or vacation time. At home, Tim's conflicts with his sister gradually intensified, and playing with matches continued.

Just after Tim's ninth birthday, Mrs. Booth began considering surrendering Tim but Mr. Booth was against it. The Booths worked with the mental health clinic. They used structure and praise with Tim; this worked for awhile, but then regression set in. Tim began to set small fires, again, in the yard. He killed the neighbor's cat. The school complained about his disruptive behavior. He spent most of his time in the principal's office, sitting and staring at objects for hours on end.

Things continued this way through the winter. Mr. and Mrs. Booth complained of Tim's inability to feel close to them and inability to talk to them. At the clinic's recommendation, the Booths contacted the Department of Social Services. They want Tim out of their home and to voluntarily place him in foster care. He is ten years old. Plans are being made for placement in the Driscoll's foster home.

Parents' Background

Mr. Carlton, age 28, was raised in an institution with two older brothers. He never completed high school. Little other background information is known. He married Tim's mother when she

was pregnant with Tim. He is an alcoholic, an unskilled laborer who has had difficulty keeping a job. Mrs. Booth describes him as a very angry person. He was "strict" with Tim and the younger children. He never saw the children after separation from his wife.

Mrs. Booth, age 28, was the only girl and youngest child in her family. Her father left the family shortly after she was born. Her relationship with her mother is a hostile one. She tries to avoid contact with her mother and has not seen her three older brothers for years. She also states that she tried to protect her children from Mr. Carlton. She feels especially "close" to Tim, because he is her oldest child.

Mr. Booth, age 50. No information known.

Foster Care

Little is known about Tim's first two foster homes (T's and G's).

The Driscolls are experienced foster parents. Generally, they have been very willing to work with natural families.

The father, John Driscoll, is in his early 40s. He married his wife after discharge from the army. They have been married for about 20 years. Mr. Driscoll works in middle management with the telephone company. He has been with this company for 19 years. Both his parents are alive and live in the area. Mr. Driscoll's father has M.S. and has been disabled since Mr. Driscoll was a freshman in high school. Mr. Driscoll sees his parents often. He is the oldest of five children (2 brothers and 2 sisters). He is clearly seen and respected as "the oldest." He is a warm, caring, family man. He is very religious and is active in his church; in particular, he is an advisor for the youth fellowship group.

The mother, Gail Driscoll, is also in her early 40s. She takes pride in her mothering abilities. She is close to all her children (Virginia, 18; James, 17; Walter, 15; and John, Jr., 12) and former foster children. Her married daughter lives nearby and is expecting her first child soon.

Mrs. Driscoll considers herself a full-time mother and wife. She enjoys cooking. She, too, is involved in church activities. She feels that her interest in church developed more intensely because of difficulties in her life. She miscarried her last pregnancy and experienced a great deal of emotional trauma. Shortly after that (about 9 years ago) her father died. She has fond memories of her father. Her mother lives in the south with Mrs. Driscoll's younger sister. Mrs. Driscoll is the older of the two girls. She, her mother, and her sister have always been close.

Handout 4.

Worksheet I

Assessment

Early Losses

Behavioral Symptoms

Child:

Family:

Foster Family:

Handout 5.

Worksheet II

Assessment

Stage of Loss/Separation	Resolved?

Child:

Family:

Foster Family:

Handout 6.

Success in Foster Placements*

The question often arises, "What makes a foster placement successful?" By "success," we generally mean a placement in which the foster parents appear to be meeting the foster child's particular needs and to be fostering his or her healthy growth and development.

There are many factors to consider during the recruitment and assessment of potential foster families, as well as during the actual placement process. Naturally, none of these factors, by themselves, will determine success or failure. However, when these factors are combined with promising characteristics of the foster parents, the likelihood that placement will work well is considerably enhanced.

"Success" factors to consider

1. The presence of preschool children in a foster home adversely affects the placement of a school-aged foster child.

2. Successful placement occurs most frequently when the foster child is the youngest in the family group.

3. Legal status of a foster child. The less legal responsibility the agency has for a child, the more likely the placement will work. Thus, we have to give more attention to a placement within an agency/county that has long-term custody/guardianship.

4. Placement is more likely to be successful when preplacement visits have occurred.

5. The extent of preplacement input from, and information to the foster parents is related to success.

6. Foster parents' satisfaction with their worker during the first few weeks of a child's placement is related to success.

There are other factors that have been researched concerning reasons for early disruption in foster placement. These issues

*Adapted from Martha Aldridge, et al., Guidelines for Placement Workers (Madison, Wis.: Center for Social Service, University of Wisconsin-Extension, 1974.)

too, are a concern from the recruitment process through actual placement.

"Failure" factors to consider

1. Foster parents' preferences and/or liabilities assessed during the home study were ignored.

2. Foster parents could not handle their position as "substitute parents."

3. Lack of foster father involvement.

4. Foster parents' perception of the foster child as "difficult," (negative labeling) and of the child's strengths and potential was not stressed.

5. Foster parents' feeling that they did not derive enough "reward" or support.

6. The first year anniversary of the child's placement with no clear signs of the child's improvement.

Handout 7.

Termination Seminar Questions

1. (a) Who are the strong nurturing figures now that the child is leaving?

   (b) Who will be the nurturing figure?

2. What are the separation/loss issues for the

   (a) child

   (b) natural family

   (c) foster family

3. Are the people to whom the child is going aware of the child's losses and his or her feelings about them?

4. How do you perceive your role in the after-care services?

Handout 8.

Role Play 1

Small group task

You have been assigned a specific preplacement issue regarding Tim's placement in foster care. Your task is to design a role play interview with the natural family and caseworker in regard to handling this issue. This simulation should last no longer than 10 minutes.

Roles

Natural family - You are dealing with several different issues: ambivalence, unmet external and internal needs, inadequacy as parents, and loss and separation issues. You feel angry, frustrated, and confused and you feel strange with this new worker.

Caseworker - You are aware of the numerous dynamics to consider when working with natural families. You like this family and are determined to work with them, but you are also concerned about permanency planning for Tim. With this in mind, address your specific preplacement issue with the natural family.

Handout 9.

Role Play 2

Small group task

You have been assigned a specific preplacement issue regarding Tim's placement in foster care. Your task is to design a supervision role play interview with the foster family and caseworker in regard to handling this situation. This simulation should last no longer than 10 minutes.

Roles

Foster family - You are an experienced foster family that is fairly easy going; however, you do have reservations about Tim's behavior and family situation. You feel comfortable with your supervisor/caseworker.

Caseworker - You are aware of the dynamics that occur within a foster family when a child is being placed. You realize that Tim's placement in this family may be difficult. With this in mind, address your preplacement issue through supervision of the foster family.

Handout 10.

Role Play 3

Small group task

You have been assigned a specific preplacement issue regarding Tim's placement in foster care. Your task is to design a role play interview with the natural family, foster family, and caseworker in regard to handling this issue. This simulation should last no longer than 10 minutes.

Roles

Natural family - You are dealing with several different issues: ambivalence, unmet external and internal needs, inadequacy as parents, and loss and separation issues. You feel angry, frustrated, and confused and you feel strange with the foster family and worker.

Foster family - You are an experienced foster family that is fairly easy going; however, you have reservations about Tim's behavior and family situation. You feel comfortable with your supervisor/caseworker.

Caseworker - You are aware of the various dynamics involved when working with natural families and foster families. You like both families. You are concerned about permanency planning for Tim. With this in mind, address your specific preplacement issue with these families, together.

Handout 11.

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